

CONTENTS

VOLUME 3 NUMBER 4 OCTOBER 1958

Guest Editor's Page 2

Right to Life, Subsistence, and the Social Services NEVA L. ITZIN 3

The "Hopeless" Family KERMIT T. WILTSE 12

Hard to Reach: Client or Casework Agency? RUTH ELLEN LINDENBERG 23

Integrating Psychological, Social, and Cultural Factors in Assertive Casework
BERTA FANTL 30

Priorities for Public Welfare EVELINE M. BURNS 38

An Objective Method for Prediction of Casework Movement
SYDNEY KORET and BARBARA HARRINGTON 45

"Completed Staff Work" in Social Service Administration RALPH W. MORGAN 52

Noninstitutional Services for the Aged ARTHUR FARBER 58

Education for Community Mental Health Practice: Problems and Prospects
MILTON WITTMAN 64

Group Work Section: Group Work with Youth in Conflict PAUL LERMAN 71

*Medical Social Work Section: Co-operation Between Social Workers
in Hospitals and Family Agencies* MARGARET I. JACOB 78

*Psychiatric Social Work Section: A Psychiatric Social Worker in
Community Mental Health* MYRON JOHN ROCKMORE 86

*School Social Work Section: The School Administrator Looks at
School Social Work* RAY GRAHAM 93

Social Work Research Section: The Future of Social Work Research
WILLIAM E. GORDON 99

Points and Viewpoints 107

Book Reviews 109

Letters 119

Index 123

Guest Editor's Page

THE EDITORIAL BOARD has provided for the readers of this issue of *SOCIAL WORK* an article on the hopeless family, and another on the hard-to-reach client. These two papers represent two different approaches to a problem of widespread current interest. Many of our readers probably have seen many other articles on this topic, including the one on "Plans to Salvage the Problem Family" by Gertrude Samuel, in the *New York Times Magazine* Section (May 12, 1957), or the more recent contribution by Carl Rowan, "Is There Hope for 'Hopeless' Families?" in the *Saturday Evening Post* (July 5, 1958).

Popular magazines and social work literature are thus both approaching the same topic—the "multiproblem" or "hard core" family—with much of the same enthusiasm for "trying a new approach to a seemingly insoluble problem." In Minnesota, New York City, and a few other places, specific projects are under way to mobilize social work skills and community resources to attack the continuing cycle of family disintegration, dependency, and delinquency. These various projects all report considerable progress in reaching a significant proportion of these hopeless families. There is convincing evidence that the pattern of deprivation transmitted from one generation to another can be broken by skilled, sympathetic, and concentrated help; by inspiring leadership, and a willingness to spend some sizable sums of money in prevention rather than penurious dribbles in perpetuity. Certainly, in an affluent society such as ours, we have the means for diminishing poverty and bringing hope to many of the hopeless.

Yet this movement will not gain real steam until it sweeps the country and permeates every one of the three thousand public welfare departments in the nation, the thousands of voluntary agencies (staffs and boards), and the hundreds of community co-ordinating, planning, and financ-

ing bodies. This is a formidable task. The limiting factor is an adequate supply of skilled trained staff and an effective plan of operation that will convince each community to attack the problem with adequate funds and a willingness to change conventional policies.

A practical possibility warrants our attention: implementation by the Congress next year of the 1956 social security amendments for federal funds for training of public welfare personnel and for research and demonstration projects to minimize dependency. We have discussed the background and meaning of these proposals in *SOCIAL WORK* in April 1957. Renewed emphasis to these proposals must be given in the immediate months ahead.

Then, too, our social insurance laws should be modernized and expanded to take more of the burden off public welfare agencies; our public welfare programs must be liberalized in a way that both public and voluntary agencies can concentrate on providing more and better service. In this issue, we are printing Eveline Burn's excellent presentation of the recommendations of the NASW to Congress on these matters.

Also of immediate concern is increased federal aid for education, housing, and for the redevelopment of distressed areas. Medical care programs must be broadened to cover those still excluded and to provide protection for those services not included under existing arrangements. A number of other needs are covered by the public policy statements approved by the NASW Delegate Assembly last May which should be carefully studied by every NASW member.

To put these proposals and policies into effect calls for vigorous and persistent social action. It will require the unified co-operation of all social workers joined together with dedicated people in public welfare and private agencies, with the labor movement and other groups, to quicken the pace of social progress.

WILBUR J. COHEN

Social Work

BY NEVA L. ITZIN

Right to Life, Subsistence, and the Social Services

THE BASIS OF social responsibility is a fundamental philosophical problem for the profession of social work. The conception of this basis has a far-reaching effect on the nature and extent of social services and the attitudes that surround the need for and receipt of these services. The recognition of social responsibility is implicit in every piece of social welfare legislation and the organization of every private social agency. In spite of this fact these legislative acts and social agency organizations do not usually include a statement of recognized social responsibility. The greatly expanded activity of government in social welfare is evidence of a desire to provide goods and services to those who need them. However, this activity has been somewhat in the nature of reactions to disasters with no statement of a basic recognition of governmental responsibility for providing such services.¹ The social security laws,

though offering basic security to large groups of people in specific circumstances of need, include no statement regarding the philosophical foundations for providing such security. The individual holds as yet no general right even to his basic economic existence in our society.² Nevertheless, the provision of public and private means for meeting social needs testifies to the desire within a significant proportion of the population that such needs be met. The philosophical foundation for the assumption of this responsibility bears directly on the nature of the services and the emotional connotations involved in the giving or receiving of these services.

The practice of social work has wandering roots in political, economic, and religious ideologies. It emerges from these ideologies as a matter of political expediency, economic necessity, and as a natural consequence of certain religious concep-

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¹ Mary A. Cannon, "Guiding Motives in Social Work," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), p. 26.

² A. Delafield Smith, *The Right to Life* (Chapel Hill: University of North Carolina Press, 1955), p. 13.

tions of the nature of man. Within each of these ideologies there is valid basis for providing social services at least in terms of giving the means for subsistence. The "reason" for giving assistance varies according to the ideology from which it emerges. However, it is possible to postulate a "reason" which is compatible with all the various specific bases upon which assistance is offered but which is not limited to any specific orientation. Such a reason can be considered a fundamental philosophical basis for the profession of social work conceived as an expression of recognized social responsibility.

Formulation of the philosophical foundation establishes the scope of service and unifies the various kinds of service within a concept of basic purpose. Absence of such formulation does not detract from the empirical fact that services of many forms are offered, utilized, and demonstrably contribute to individual and social welfare. However, by identifying a motivation common to all specific ideologies out of which service may be generated, we may both understand and justify a kind of professional activity which, in fact, occupies an important position in our society. More important, understanding philosophical foundations may well give rise to new visions regarding appropriate characteristics of this helping profession. Knowing *why* we do something helps to define *what* we do, *how* we do it, and the emotional aura that surrounds and permeates the activity.

RIGHT TO SUBSISTENCE

The determination of the basis for the right to subsistence from the contemporary social group is not a simple matter. The right to subsistence implies the right to life and we tend to think of this as an assured reality. But if we uncover the question from the layers of social guarantees of the right to life we find there is nothing inherent in the individual to assert this right. Alone and

unaided in the environment of nature, the individual would encounter many obstacles and challenges to the perpetuation of his life. Social workers in recent years think of the "right to relief" as meaning the right to subsistence and therefore the right to life. This is based on the legal statutes such as the social security laws which establish the right to assistance when certain specific conditions exist. These statutes provide a legal right to life conditional upon circumstances but this does not constitute a philosophical ground for establishing such a legal right. The legal statute is an essential declaration of a right which society guarantees but of itself it does not provide the ultimate basis of the guarantee. What, then, is the nature of the claim of the individual on his social group? Why may he expect a guarantee of his subsistence requirements? Why may the members of a social group assume the responsibility for providing the guarantees that make the individual right to life a reality? What kind of mutual commitment between individuals and society may exist to guarantee each person's claim to subsistence?

One author previously cited, A. Delafield Smith, states that the right to life for the individual derives from the fact that a complex society has intervened between the individual and his natural environment and has cut him off from securing the means of subsistence directly from nature. Since nature is irrevocably committed to the support of life, he says, then society which interferes with direct recourse to nature for the fulfillment of individual needs must take over the functions of nature with regard to commitment to the support of life.⁸ This would mean that society would provide laws comparable to the regular laws of nature on which the individual could depend unequivocally for guaranteeing his existence. The difficulty in accepting this proposition as a basis for

⁸ *Ibid.*, p. 22.

Right to Life, Subsistence, and Social Services

social responsibility lies in the question regarding the "irrevocable commitment of nature to the support of life." Quite as much evidence could be secured concerning the hostile and irregular events of nature which threaten and destroy human life as for the friendly and regular processes out of which the human being can learn to support his life. We do not know that there is any specific relation of intent toward the human race in the physical facts of nature. Nature does provide resources for the support of life and it may be a matter of social responsibility that these resources contribute in some measure to the well-being of each member of society. However, this access to natural resources evolves from the right to subsistence rather than being the basis for it. In addition, the situation is not one of the individual versus society. The basis for the right to life must be found in some kind of mutual commitment since the individual is never a separate entity juxtaposed against society. The relationship is a mobile one; as a person is an individual from his own point of view, he is a member of society from another's point of view. The roles are merged and interwoven, not juxtaposed.

Smith does give an exposition of the positive enabling nature of law which is important and useful. He points out that law is conceived frequently as restrictive and punitive in function. Actually, law provides a framework within which a person may act; it establishes the rules and sets the order. Law gives birth to freedom in that it provides a dependable basis upon which a person may ground his activity and thus enables him to function unhampered by the need to compete with every other individual in establishing rules of conduct.⁴ It is in this sense that we seek law as the means of guaranteeing the right to subsistence.

There are important political and economic reasons for guaranteeing subsistence

for needy individuals. A certain balance must be maintained between production and consumption for an economy to function advantageously or eventually to function at all. Where there is high level of production, there must be a comparable degree of consumption or the economic system breaks down. When people cannot be consumers on the basis of their own purchasing power, this power may be provided as a gratuity in order to maintain the economy. The same effect may be achieved by policies of restricted production or destruction of "surplus" produce but this has only limited utility. The political reasons enter here. When the needy individuals in a society also possess a vote (in those systems where a vote has value), a political organization which does not provide basic subsistence for these people will encounter opposition to its continuance. There is also a reflection in the general strength of the political unit when any large number of the population are threatened with destitution. The loss in moral and physical vitality is felt in every area of human activity. Resistance to consideration of political and economic reasons for making the right to subsistence a legal right lies in the position of the individual in relation to these reasons. His right to life becomes a matter of utility for the political and economic system. The focus is on the maintenance of these systems, not the maintenance of the individual *per se*.

RELIGIOUS MOTIVATIONS

The religious foundation for a concern for one's fellow man has profound meaning for the profession of social work. The history of efforts to relieve social ills emphasizes the invariable presence of commitment to aiding the "unfortunates" in the ethics of all religious doctrines. There are in addition strong resemblances in the maxims concerning desirable human relations in the Christian and non-Christian scriptures. The Golden Rule turns out to

⁴ *Ibid.*, p. 80.

be nearly universal in moral doctrines.⁵ In the western world where the Judaic-Christian religions are predominant, the teachings regarding the divine relationship between God and man and the consequent importance of each individual can give the moral foundation for providing the means of subsistence to every person. This principle regarding the divine participation in every human life has been discussed in terms of its significance for Catholic social workers by Mary McCormick. Man is described as the "image of God on the way back to God"; this conception of man determines the purpose, method, and goal for the Catholic social worker.⁶ For other than Catholic social workers, the religious purpose is founded on the concept of man possessed of worth and dignity because he is a creature of God, but this concept is not as dominant in determining method and goal.

It is indisputable that the belief in the immortality of the soul and man as created in the image of God, together with the religious command to "love thy neighbor as thyself" encompasses all necessary motivations for the giver of subsistence and other services. It emanates from the belief in structured religious doctrine, a portion of which directs the believer to be mindful of the needs of his fellow men. However, the person in need is dependent on the effectiveness of religiously motivated charity if we seek no other foundation for the right to subsistence. Unless the religious community coincides with the legal community, the relief of destitution is not universally guaranteed. The social services that are now legally guaranteed make no reference to a basis in religious doctrine although their purpose is compatible with and even identical with that of Judaic-Christian

charity. Religious beliefs support all these measures and provide a "reason" for them. However, there is no unanimous agreement among members of society concerning the nature of man, his origin and destiny. This does not mean that the agnostic, or the atheist, denies the vital importance of social responsibility as a value in our society. The fact that many persons who do not hold religious beliefs do nevertheless support and advocate the necessity for human cooperation and mutual assistance indicates that there is another nexus for unifying their efforts.

The search for the basic justification for assumption of social responsibility may well extend outside the body of professional social work literature. As stated by Boehm, "Social work is not only a social but a humanistic science. Its subject matter deals with laws governing relations of man to man, but is concerned also with the moral issue as to which type of relationship is preferable from a professional and social point of view."⁷ It is appropriate, therefore, to consider the thinking of some authors in the fields of literature and philosophy who have attempted to throw light on the human situation—the relation of man to man and to his larger environment of society and the universe—from the secular as well as the religious point of view. The appearance of a common element in the thinking of writers who approach the problems of human relations from varying points of view would suggest that there is a unifying basis for the assumption of social responsibility regardless of one's particular point of reference.

DOES LIFE HAVE A PURPOSE?

One point upon which attention may focus in trying to understand the human situation is the matter of purpose. Does human life have an eventual purpose or is it a brief

⁵ George Hedley, "Frontiers of Religion," *Harper's Magazine*, Vol. 213, No. 1278 (November 1956).

⁶ Mary J. McCormick, *Diagnostic Casework in the Thomistic Pattern* (New York: Columbia University Press, 1954), p. 45.

⁷ Werner W. Boehm, "The Role of Values in Social Work," *The Jewish Social Service Quarterly*, Vol. 26, No. 4 (June 1950), pp. 429-438.

Right to Life, Subsistence, and Social Services

episode with a temporal beginning and end? How does the belief of the individual on this issue affect the use that is made of the temporal existence of which he has some experience? The person who has faith in a final religious destiny sees his temporal life as a preliminary to the eventual beatitude of union with God. This view defines the purpose of present life and insofar as achievement of the final goal is considered dependent on living according to religious doctrine, acceptance of responsibility for meeting essential needs of fellow men will inhere in this.

The other view that human life is contained between the events of birth and death gives no ready response to the question of purpose. It aggravates the question and implies that the answer must be found within the confines of these two personal events. The person who sees his life only in terms of a physical existence terminated by his death must formulate *his* philosophy within this framework. The task is one of finding (or making) a purpose when it has been acknowledged that no human purpose is evident.

What significance does this task have in terms of the use that is to be made of this time-limited self-identity and what factors influence personal interrelationships? Does the absence of the sanctions of eternal rewards and punishments leave one free to seek only the satisfaction of his personal desires? Can commitment be only to the self? How does one define his role in a life conceived as temporary and devoid of pre-established purpose? An appraisal of the possibilities reverts immediately to the question of the nature of man. The speculations on this subject suggest a wide range of attributes. Man is dependent, needy, selfish, virtuous, loving, rational, irrational, sinful, good, compassionate, vain, and so on. The variety of qualities observed testifies to the complexity of the human being. Without making any attempt to suggest which qualities may be predominant or which attest to the basic nature of man, one

principle derives from the complex array. Man is imperfect and incomplete. Whether this is explained on a Biblical basis or on the basis of observation and introspection, it is an invariable conclusion. For the person who finds no evidence for a continuation of life after temporal death or who rejects the possibility, the problem of existence is one of finding some ground for the conduct of his mortal experience. This he must do with an acknowledgment of his weaknesses and deficiencies as well as with an affirmation of his strengths and capacities. The individual who begins to think of himself as a mortal entity with a well-defined beginning and end cannot avoid being impressed with his infinitesimal stature and insignificant presence in the universe as it is commonly conceived. Pascal says of man's position in the world: "For in fact, what is man in nature? A Nothing in comparison with the Infinite, an All in comparison with the Nothing, a mean between nothing and everything."⁸ The context within which man must contemplate his existence must take account of the minuteness of himself and his immediate environment in relation to the world in time and space. As he reads the anthropological story, studies the astronomical data, and inquires into natural history, man learns that his existence may not be vital in a world relatively unaware of him. Nevertheless, he does exist and possesses strivings toward the continuation of his existence. He has some awareness of his self-identity during a period of time that is significant for him in relation to his conception of the elusive idea of time. As he views himself in relation to the history of man and the universe (which may be only part of a much larger story), the individual is likely to feel small, helpless, and lacking in resources to extract some segment of time and material for his own use. His perception of his own predicament easily postulates the same po-

⁸ Blaise Pascal, *Pensées*, translated by W. F. Trotter, Everyman's Library (New York: E. P. Dutton & Co., Inc., 1958), p. 17.

sition for his fellow men at any given time and he may therefore conclude that human beings have a vital area of common interest.

RESPONSIBILITY TO OTHERS

An awareness of individual imperfection and incompleteness draws one to an idea of responsible relations with fellow men. Who knows the extent of his personal vulnerability? Who knows the description of all his deficiencies? Who knows the moment when fortune will be favorable or fickle? Empathy with those afflicted with misfortune and identification with those oppressed by difficulty can involve one in the desire and willingness to join forces with fellow men against these uncertainties. But the fact that the uncertainties are a dead certainty for *everyone* can impel all men toward a common defense against them.

Albert Camus, who writes about the problem of existence, emphasizes in his book, *The Plague*, the importance of each individual's making his own choice as to how he shall use his life. The plague-stricken community is served with devotion by a doctor who has no belief about a God or a life after death. He finds the importance of his life in ministering to devastated and ill human beings. He calls it a "matter of common decency."⁹ He is assisted by a priest who, by example and by sermons, testifies to the necessity for helping the stricken people and at the same time exposing oneself to the possibility of infection with its consequent suffering. He considers it a part of obedience to the divine will to give aid to the suffering people but at the same time not to question the purpose of human suffering since this purpose may be beyond human comprehension. A third person who is seeking to escape from the quarantined town to rejoin his wife is encouraged by the doctor to make his own decision regarding illegal escape or remain-

ing to help the sick, declaring that "it is not wrong to seek happiness." Nevertheless, this person decides to remain, with the explanation that "it may be shameful to be happy alone."¹⁰ A commitment to assist fellow men in need is presented both from a religious and secular point of reference.

Bertrand Russell finds much justification for human co-operation and understanding in a world where he finds many facts which give rise to skepticism about a theocentric universe and human race.

One by one, as they march, our comrades vanish from our sight, omnipotent Death. Very brief is the time in which we can help them, in which their happiness or misery is decided. Be it ours to shed sunshine on their path, to lighten their sorrows by the balm of sympathy, to give them the pure joy of a never-tiring affection, to strengthen failing courage, to instil faith in hours of despair. Let us not weigh in grudging scales their merits and demerits, but let us think only of their need—of the sorrows, the difficulties, perhaps the blindnesses, that make the misery of their lives; let us remember that they are fellow-sufferers in the same darkness, actors in the same tragedy with ourselves. And so, when their good and evil have become eternal by the immortality of the past, be it ours to feel that, where they suffered, where they failed no deed of ours was the cause; but wherever a spark of the divine fire kindled in their hearts, we were ready with encouragement, with sympathy, with brave words in which high courage glowed.¹¹

IMPACT OF SCIENCE

New knowledge about the natural world acquired during the last generation has altered the environmental setting within which man must consider the nature and purpose of his life. New scientific discoveries, particularly those of atomic physics, have two implications for men in areas be-

⁹ Albert Camus, *The Plague* (New York: Alfred A. Knopf, 1948), p. 150.

¹⁰ *Ibid.*, p. 150.

¹¹ Bertrand Russell, *Mysticism and Logic* (Baltimore: Penguin Books, 1954), p. 59.

Right to Life, Subsistence, and Social Services

yond the field of science. First, there is the renewed impact of the basic scientific principle that no knowledge can be regarded as final and absolute; an open mind must greet new information and new discovery even though cherished and comfortable concepts must be rejected or changed. Second, there is the greatly augmented impression of the vastness and complexity of the natural universe. Men, both those inside science and those without technical competence, have had a reminder that they may know very little about the world in which they live. In addition to encouraging intellectual humility (a great aid to progress in any endeavor inasmuch as it disclaims certainty and acclaims inquiry) the recent discoveries in atomic physics mean that man's universe is more open, more unlimited in terms of man's knowledge of the laws of its functions than was thought to be the case before these discoveries. An open mind and an "open" universe, then, are the framework for understanding the material circumstances within which we exist. This idea of openness may be challenging or threatening—challenging in terms of emphasizing how great is the knowledge for man yet to achieve, how much he may yet be able to understand and utilize in the world about him; or threatening in its emphasis on the unknown and the uncertain, in fact on the inability ever to know or be certain in any final sense.

The realization of the infinite openness of the scientific world may act upon man as another call to community. Man cannot live solely in reference to uncertainty and ignorance, though he must acknowledge these factors. J. Robert Oppenheimer in discussing the meaning of science for man in society suggests that the answer is to be found in a concept of complementarity. The world includes antinomies between change and eternity, growth and order, freedom and necessity, and so on. "So it is in the antinomy between the individual and the community; man who is an end in himself and man whose tradition,

whose culture, whose works, whose words have meaning in terms of other men and his relations to them. All our experience has shown that we can neither think, nor in any true sense live, without reference to these antinomic modes."¹²

Oppenheimer draws the analogy between the relation of new scientific knowledge to previous knowledge which is not entirely supplanted but each of which is true depending upon the circumstances of observation and description, and the antinomies in man's experience which are neither mutually compatible nor mutually exclusive. These are complementary modes of observation and description, neither reducible to the other. In this sense the individual and the community are complementary—the individual is not an individual only as part of a community, but nevertheless there is an

. . . almost universal ideal of human brotherhood and human community; we know it at first hand from the more modest, more diverse, more fleeting associations which are the substance of our life. . . . Each of us knows from his own life how much even a casual and limited association of men goes beyond him in knowledge, in understanding, in humanity, and in power. Each of us, from a friend or a book or by concerting of the little we know with what others know, has broken the iron circle of frustration. Each of us has asked help and been given it, and within our measure each of us has offered it. Each of us knows the great new freedom sensed almost as a miracle, that men banded together for some finite purpose experience from the power of their common effort.¹³

"LOVE THY NEIGHBOR"

Social work is a profession developed from a commitment to shared experience, from a welcome assumption of social responsi-

¹² J. Robert Oppenheimer, *Science and the Common Understanding* (New York: Simon and Schuster, 1954), p. 88.

¹³ *Ibid.*, p. 91.

bility and a desire to express and implement this responsibility. It rests ultimately on the conviction, common to religious and secular perceptions about the conditions of human existence, that men are involved with each other in the process of existence, whatever its origin and whatever its destiny. Swithun Bowers in discussing social work as a profession points out the origins of the concept of profession as "service to men as men." "Service is a duty undertaken, and the spirit of a profession is to be found in its sense of duty toward man,"¹⁴ he adds. No profession can serve all needs of all men; specific competence of any one profession must be limited to some aspect of man. For social work this is "man in his interdependencies with his human and social environment, man in his social relationships."¹⁵ This statement of the foundation and area of competence of social work as a profession coincides with the humanistic view that men are necessarily committed to mutual assistance.

Gordon Hamilton in reviewing the growth of a profession concerned with helping people states, "How to be a good neighbor wisely and effectively remains the most challenging and fundamental problem of civilization."¹⁶ That which makes social work a profession is the development of specific techniques and knowledge which enable one to "love thy neighbor as thyself" in a manner truly helpful to the neighbor. In her conclusion we find a statement familiar among writings which represent an effort to understand the human condition as a prerequisite to fulfillment in the human experience. She says, "The good way

of life must be shared in order to be a good way of life."¹⁷ Mutual commitment is not only a matter of practical survival necessity, but a source of enrichment in living.

MAN'S IMPERFECTIONS— BASIS FOR SOCIAL RESPONSIBILITY

The basis for this social responsibility, considered by many persons as essential for fruitful living, may be found in individual awareness of imperfection and incompleteness in a world where each one is susceptible to the need for assistance because he is imperfect and incomplete in himself. This underlies equally the premises of a life based on religious beliefs and one based on the secular view of time-limited existence. A recognition of this basis for social responsibility accomplishes many things for the social work profession both in a theoretical and a practical manner. In the first place, it establishes the right to subsistence with the implied right to life, on a basis that is not restricted to the religious perspective, the political and economic needs of the society, or the secular view of human life. It establishes it on the broad fundamental basis of human limitations which expose each individual to potential need for assistance against the same forces which threaten his fellow men. Everyone is vulnerable; no one is sufficient unto himself.

This concept of the need of an individual whether for subsistence or other services, not being a characteristic of any particular kind or class of individual has been stated with respect to one aspect of social work by Swithun Bowers. He writes:

It would seem imperative that casework use every possible means to divorce the association of personal failure with the seeking of aid. Among these means must be reckoned the complete eschewal of a particularization which divides human beings into two categories, those who are

¹⁴ Swithun Bowers, "Social Work As a Helping and Healing Profession," *Social Work*, Vol. 2, No. 1 (January 1957), p. 58.

¹⁵ *Ibid.*, p. 59.

¹⁶ Gordon Hamilton, "Helping People—The Growth of a Profession," in Cora Kasius, ed., *Principles and Techniques of Social Casework* (New York: Family Service Association of America, 1950), p. 82.

¹⁷ *Ibid.*, p. 96.

Right to Life, Subsistence, and Social Services

able to get along by themselves, and those who, even momentarily, are not. . . . If the particular skills and knowledge of casework can be used to better any of these individual situations, then that particular individual is appropriate material for casework, irrespective of the degree of deviation from some theoretical norm of adjustment. . . . Any individual, insofar as he is potentially capable of better adjustment, can be the concern of social casework.¹⁸

Every man, then, is a combination of strengths and weaknesses. At any particular time he may be able to compensate for his weaknesses; at another time he may not. To the extent that he recognizes the possibility that at some time he *may* need to rely on society (community) for assistance in his area of need he can understand the unfulfilled needs of others and subscribe to programs which guarantee the right to assistance to every person.

Common human limitations and imperfections as a basis for social responsibility eliminate all boundaries on the kind and

extent of social services that may legitimately be provided by any social group. The measure of appropriate service is only the presence of human need. The individual is directly committed to social action that guarantees the right of the individual to have his basic needs met. This commitment does not depend on affiliation with any religious doctrine, political or economic system, or secular philosophy of existence; it depends only on one's affiliation with the human race.

No possible stigma can attach to the use of services by any individual in need if there is extensive recognition that need of some kind is a basic human characteristic. There is no dichotomy between dependence and independence, self-sufficiency and self-deficiency as characterizations of people. Everyone possesses a mixture of these traits.

A legally guaranteed right to life through laws establishing the right to subsistence, based on a recognition of universal human imperfections and incompleteness, realizes an equality between men in one basic respect. In a society where the declared ideal of equality of men is subject to many qualifications the guaranteed right to subsistence gives one attribute, equally, on which the individual may base his life.

¹⁸ Swithun Bowers, "The Nature and Definition of Social Casework," in Cora Kasius, ed., *Principles and Techniques of Social Casework*, *ibid.*, p. 110.

BY KERMIT T. WILTSE

The "Hopeless" Family

WE MUST DECIDE, first, what we mean by "hopeless." Where is the hopelessness located? Is it in the feelings of the family or of the social worker seeking to help them? Or is "hopeless case" a label placed upon a family by the community, an aura that has grown up around a family through years of frustration to social agencies and aggravation to schools, clinics, and courts?

The word "hopeless," to which Webster gives the meaning "destitute of hope; despairing," suggests a state of mind of someone whose perception of a situation leads him to the conclusion of the futility of further effort. This state of mind may be shared by the person or persons experiencing the situation and those who seek to help them change it, in this instance the family and the social worker. And since hopefulness is always goal-directed, if either the family or the social worker is feeling hopeless this feeling may be in relation to quite different goals.

The meaning of hopelessness we have taken for our purposes is that the despair and frustration are, first of all, experienced by the social worker whether or not the family experiences them to the same degree, or in relation to the same or different goals; and that the goals which the social worker is feeling hopeless of helping the family reach are society's general expectations that every family maintain reasonable conformity with community standards, especially in the care and rearing of children.

One way to attack the subject is to de-

velop a polemic on the point that there is no such thing as hopeless families or hopeless cases, only hopeless social workers. Social workers lacking in sufficient conviction of the essential mutability of all human behavior, or lacking in the desire or the capacity to strive to reach the difficult cases, could be held up as bad examples of the profession and excoriated. To make the essential point that there is no such thing as a hopeless family, numerous examples could be marshaled from personal experience of successful efforts to effect improvement in situations deemed hopeless. The clinching point would be that the feeling on the part of the social worker that a family's situation is hopeless of improvement is the real problem, the true hallmark of hopelessness.

This would be the conventional approach, and it holds much merit. The social work profession must repeatedly examine itself to detect influences that have crept into the folklore of the profession and into ways the social services have organized themselves that actually prevent workers and agencies from reaching certain types of families about which the community as a whole may be most concerned. Alluded to might be the experience of the New York City Youth Board¹ and the initial difficulty it experienced in developing social agency interest in devoting resources to reaching the families designated "hard to reach"; and the apparent inability of many social workers to work effectively with the involuntary client, or their definite resistance to attempting it.

This conventional approach would conclude with a description of a case in which

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¹ Sylvan S. Furman, ed., *Reaching the Unreached* (New York: New York City Youth Board, 1952).

The "Hopeless" Family

there was a successful effort to engender movement toward better social functioning with a family that had been considered hopeless and with a final demand that the profession continuously examine the efficacy of its traditional methods and techniques. This demand deserves to be restated frequently.

A different approach has been chosen. We will attempt to delineate a type of social problem family which challenges our best professional efforts. The semantic problem of whether this type of situation is or is not hopeless will not occupy the center of the stage. Instead, we will be saying that here is a describable type of problem family of numerical significance and our traditional social work techniques are both inappropriate and ineffective in helping them toward improved social functioning.

The term "hopeless" family no doubt awakens a variety of images in your minds. Some of you, particularly those who work in correctional agencies, will perhaps think of a type of delinquent whose whole life seems so completely organized against society and its designated representatives that your best efforts serve only to mobilize him to build his fences higher. Others, particularly those employed in clinics and hospitals, may think of the type of client who has deeply entrenched himself in illness and organized his whole environment to protect himself from any idea that he could function differently. Still others probably associate to the picture of the multiproblem family described by Bradley Buell² in his well-known survey of the St. Paul, Minnesota, social services, or as highlighted in the studies and the work of the New York City Youth Board.³ Each of these types bears the common characteristics of being difficult

to involve in a casework relationship that has substance and holds potential for movement. Each represents a general type of hard-to-reach client that is stimulating the social work profession to develop new techniques or revise traditional ones in order to make progress with these problem groups.

A HYPOTHETICAL MODEL

The "hopeless" family we shall discuss has characteristics in common with each of the types suggested above but is different from any one of them. We must remind ourselves that this image is a hypothetical model described by certain general characteristics that taken together represent a type, but perhaps no single family could be found that perfectly fits this model in all respects.

The most descriptive characteristic is expressed by the words "events control them rather than they control events." Something is always happening to them that causes the family to be in such a box and nullifies their attempts to climb out of it. Typically, this kind of family is regularly or intermittently dependent financially, and the public welfare department is the agency which deals with the greater number of this type of family and in the "purest" form. Typically, if there is a father in the home, he is unskilled occupationally, limited educationally, and has a history of various accidents or undefined physical problems that excuse but do not explain his poor employment record. The mother is likely to have a history of unwanted pregnancies, in or out of marriage, and is subject to various intermittent, undefined illnesses that strike at the most inconvenient times. The most pervasive characteristic is that of being a family which just seems to have an affinity for trouble, yet nothing very extreme or clearcut.

In fact, it is a quality of nondescriptiveness rather than descriptiveness that most characterizes the diagnostic picture and the problem posed for treatment in the type of situation we are visualizing. It is not clearly a delinquency problem displayed by one or

² Bradley Buell and Associates, *Community Planning for Human Services* (New York: Columbia University Press, 1952), pp. 412-13.

³ New York City Youth Board, Research Department, *A Study of Some of the Characteristics of 150 Multiproblem Families*. (Mimeographed, 1957.)

several of the family members, although antisocial behavior may be present; it is not a mental illness problem, although one or more members of the family might be described as disturbed; it is not a problem centering around physical illness of a key member of the family, although poor health is typically a feature of the family picture. It is rather a pervasive quality of social difficulties in many phases of family functioning, but there is no one major problem that offers a key point of attack in helping the family.

This type of situation is often neatly balanced between being too much a cause for community, and hence agency, concern to ignore or place on an inactive basis for casework services; and too little to mobilize the authority of the community operating through the court or the health department to make drastic intervention. Treatment efforts are likely to be desultory, the participation of the family members to which they are directed acquiescent but superficial, and the results or movement on the case infinitesimal. Such a family are the Z's:

The Z family, consisting of Mr. and Mrs. Z, 41 and 40 years of age respectively, and their seven children ranging in age from one year to 15 years, were referred to the public welfare agency by the Attendance Bureau, as the school was concerned with the children's living conditions. The children were malnourished, ill clothed, and poorly groomed, and were absent frequently.

Mr. Z, a burly individual, appears to be of low intelligence and is somewhat domineering around the home. He works as a laborer and does junking on the side. When he is employed, he brings home about \$90 a week, but he has frequent periods of unemployment. Mrs. Z is a scrawny woman in poor health not motivated for any type of change. Both Mr. and Mrs. Z deny they are neglecting their children and state that they are giving them the best care they possibly can. They accept casework services which have to do with financial assistance or other material aid, but are unable to under-

stand or utilize service of a less tangible form.

The inadequate use of financial resources seems to be a focal point in this family's disorganization. Other factors leading up to this point have also contributed to the disorganization: marginal intelligence of the parents, low cultural standards, and inadequate education which contribute to the family's pattern of living; constant moving about in the past several years; poor planning in budgetary matters; lack of insight into family relationships; Mrs. Z's inability to cope with the task of caring for and training so many children; and Mr. Z's apparent disinterest in the family.

The oldest boy, Sammy, has not had a medical check-up and is believed to be acutely anemic. The school reports that Sammy is a fairly bright boy and could do much better work than he is doing, but he just doesn't seem to have the energy to concentrate and do his work. He has been out of school almost constantly this year because of not feeling well, and because of Mrs. Z's dependence on him to take care of her when she is ill or needs to be away from the home. The two youngest children, twins, are chronically undernourished. During a period of hospitalization in their first year they gained in general health and weight, but lost that gain within a few weeks after returning home.

The worker has tried to deal with the tangible aspects first, providing supplementary financial assistance, help on budget planning, medical care for the children and for Mrs. Z, attention to house-keeping standards and to getting the children to school regularly and in reasonably presentable condition. After these items were taken care of, the record says, the worker planned to turn attention to the interpersonal relationships of the family and the children's emotional needs.

After three months of persistent effort the worker feels he has made little progress. Mr. Z is still largely unemployed, and his earnings from junking have only been enough to make the task of determining eligibility for assistance a never-ending one. After numerous delays due

The "Hopeless" Family

to flu, inability to find a baby sitter for the younger children, and other reasons too numerous to mention, Mrs. Z finally got Sammy to the clinic. However, after she had waited her turn it was found that she had not brought the two-dollar registration fee. The house has been somewhat neater on occasion when the worker has called, but this seems much more a response to the worker's concern than to Mrs. Z's real wish to improve her housekeeping.

Reading this brief account, one might immediately say, "Aha, a hostile, dependent-type reaction." If this were the case the prescription could be easily stated: take off the pressure, identify the negative nature of the family's relationship to the worker, and put the responsibility for improving their situation squarely up to the members of the family. This is sound theory, but with the type of family described herein, a type particularly common in public welfare agencies, it will not work. It will not work because the hypothesis is incorrect. The family members are not reacting negatively and with all the strength of their ego resisting the social worker's invitation or pressure to change. Rather, they are not reacting at all because the values which the worker represents and which underlie the goals to which his casework efforts are directed are not shared by the client. Therefore, real communication is limited, in accordance with the general rule that the amount of communication between persons varies directly with the degree to which they share the same basic values.

Behind the worker's efforts to improve the family's management of money, obtain medical care for the children, help Mrs. Z improve housekeeping standards, and attain various other goals is, of course, the worker's recognition of the relevance of these items to reasonable conformity to the standards of the community in which the family resides.

Thinking of the Z family as an example, this chronically dependent, socially inadequate, mildly antisocial family represents

the most common type of problem family in the caseloads of public welfare departments across the nation. Conceptualizing family behavior is much more difficult than describing individual behavior, but if we use this description of the Z family as an image and, although recognizing all the possible individual shadings, multiply it by many thousands and project it against the experience of hundreds of local public welfare departments, we will have a composite picture of the problem upon which this paper is focused.

PULL TOWARD PUBLIC WELFARE

It is inevitable in the nature and purpose of public welfare departments as they exist in this country that a disproportionate number of these social problem families would gravitate into their caseloads. In addition to the obvious reason that the public agency is the source of financial assistance—chronic or intermittent financial dependency is one of the characteristics delineated—there is the more subtle pull of other facets of the public welfare department's function and the manner in which these functions are perceived by recipients of aid and service.

Increasingly, public welfare departments are developing services in addition to financial assistance. These may be departmentalized as child welfare services or family services or may be a more generalized response to the federal and state leadership to develop services to all recipients of public assistance. As public welfare departments become more concerned with implementing a real concept of social work service to public assistance recipients, they become more acutely aware of the number of families of this type and the impotence of the agency's efforts to effect improvement. And out of the effort to individualize the social problem of each family they serve they also become more aware that the very existence of the public welfare agency and its "institutional" behavior draws this type of case into its work load and tends to keep it

there. This last point needs additional elaboration.

Social workers have scotched to their own satisfaction the direct causal relationship assumed in the age-old shibboleth "relief makes people dependent." Our increasing understanding of human behavior has moved us beyond the old dependent-independent dichotomy toward increasing appreciation of the ways each individual at any stage in his life strives for a balance between his inner needs and the demands of his outer environment. The term "socially mature person" implies a person who is not only able to give and to receive affection in interpersonal relationships, but also is able to project himself aggressively and creatively in the manipulation of his environment toward culturally approved objectives that net satisfaction both to himself and to others.

The public welfare agency, with the provision of financial assistance its predominant function, enters into the lives of the individuals and families it serves at times of, and in relation to problems provocative of, the severest stress. Because the social worker holds the power to give or to withhold the wherewithal of life itself, he is the object of powerful and elemental feelings. The client's relationship to his own parents tends to be recreated with especial force since the client's basic needs for food, for shelter, for acceptance of his acute feelings of panic are being met—or denied—by the social worker.

PARENTING RESPONSIBILITY

Suggested in broad outline is the observation that a public welfare agency tends to be the recipient of a special degree and quality of attachment to it by its clients, and that the social worker inevitably tends to carry a parental role to a marked degree and in a rather special way.

The receipt of financial assistance does not "make" people dependent, in the sense that the experience itself creates a previously nonexistent regressive drive. Rather

the regressive impulses, the ones we label "dependency feelings," tend to be aroused by the assistance experience and channeled upon the public assistance agency and the person of the social worker responsible for the giving or denying of relief. Speaking generally, therefore, of the type of family we are discussing in which the parents themselves have a history of physical and emotional deprivation, the public welfare agency symbolizes to a marked degree both the longed-for giving, and the feared and hated withholding parent. It is a major thesis of this paper that the social worker seeking to help this type of family must recognize this social-psychological setting of his relationship with the family, come to terms with it fully, and accept the "parenting responsibility" consciously, unembarrassedly, and with a minimum of ambivalence.

The phrase "parenting responsibility" is used deliberately to convey the meaning intended. It is intended to suggest the basic stance of the agency and hence of the social worker in his relationship to the type of client family previously described. Encompassed in this concept of the social worker's responsibility to the client family are functions normally attributed to the role of a parent in relation to his child, with certain definite similarities and certain obvious differences. These functions may be listed as follows:

1. To give consistent warmth of feeling and concern for each person, in other words, to love
2. To offer oneself as an ego ideal
3. To teach by precept and example
4. To supervise and set limits
5. To join actively with the family in seeking opportunities for improvement of the family's welfare, its social status, and opportunities for its members to exploit their talents toward the same end.

Each of these points requires elaboration. Social workers have made much of the principles of acceptance and nonjudgmentalism as necessary guides to our behavior

The "Hopeless" Family

when we seek to establish that special kind of relationship with our clients that makes true communication possible. We know that relationship is the bridge across which any real change in the client's social attitudes and improved conception of himself must flow, yet the essence of relationship defies description. From theology comes the phrase "love for the soul" of the other person which perhaps best suggests the kind of active and unquenchable feeling the social worker must have for the essential human being with all his frailties if he is to reach the type of persons under discussion. We are thinking of people who typically have experienced a lifetime of personal deprivation and isolation from the main stream of the culture. Hence, the bridge must be strong if it is to support the weight put upon it.

EGO IDEAL AND TEACHER

The social worker can offer himself freely and without ambivalence as an ego ideal, a personification of the value base of the core culture. In the "hopeless" family the parents themselves are lacking in real ego identity and therefore cannot provide a model for their children. Here the term "ego identity" is used in the sense developed by Erik Erikson. He states that "the term identity expresses . . . a mutual relation in that it connotes both a persistent sameness within oneself (self-sameness) and a persistent sharing of some kind of essential character with others."⁴ Now we understand the dynamics of an individual's identification with an ego ideal better than we do the processes by which ego identity is established. We all know that one of the results of a successful therapeutic relationship is that the client or patient tends to take on attitudes characteristic of the case-worker or therapist. With the type of family upon which this paper is based, both the members and the family as a whole tend to lack identity as individuals and as a family group.

As individuals they suggest a picture of

"identity diffusion" as contrasted with "integrity" or inner wholeness, as Erikson⁵ describes it, a condition particularly characteristic of the adolescent years. As we struggle to help this type of family we find ourselves using phrases in our case recording such as "lack of inner strength," "weak ego," "directionless," "putty-like," to describe the parents and perhaps the older children. The concept of identity adds a new dimension to our understanding of ego formation in that it helps us to understand each person's striving toward becoming a "somebody"—rich man, poor man, beggar man, or thief—but an identity as an individual and as a member of a family or a group. By offering himself with the values he represents as an ego ideal to the members of these families, just as a parent does to his child, the social worker helps them toward a greater sense of identity. They can use him both to grow toward and to grow against, but in either instance, toward more firm identity.

Teaching is an active process of imparting information and when well done is neatly gauged to the recipient's motivation and ability to utilize a specific piece of information at a particular time. Teaching-learning is an ego-building operation directed toward the broad goal of ego identity as described above. The teaching aspect of the social work method "lost face" in the profession because of its association with a didactic method operating without reference to the person's need for the information in order to equip his ego to solve a specific problem. This is unfortunate. The problem-solving emphasis in current social work literature has brought us back to new recognition of the fact that problem-solving is an ego activity and in order to solve problems the ego must have the perceptual tools to accomplish its task. In helping the "hopeless" family, teaching in the sense used here is an essential treatment activity.

⁴ Erik Homberger Erikson, "The Problem of Ego Identity," *Journal of the American Psychoanalytic Association*, Vol. 4, No. 1 (January 1956), p. 57.

⁵ See chart, *ibid.*, p. 75.

AUTHORITY AND PARTNERSHIP

The social authority inherent in the worker's role as a representative of a specific agency comes into play in what we may term "supervision" and the setting of limits. Elliot Studt, drawing upon sociological theory, has defined social authority as "power assigned to a position, and exercised by an individual in that position as he participates in the making of decisions by others."⁶ Mrs. Studt makes a clear and helpful distinction between social authority and psychological authority and concludes that,

In the casework relationship, whenever the psychological aspects of the authority relation develop strongly, the formal, social authority aspects, although still present and effective, become secondary; and the casework process emerges as a particular, highly skilled form of the exercise of influence.⁷

Against the thesis of the social worker's parenting responsibility with the type of family often labeled "hopeless," the function of supervision and limit-setting is intended to describe a process of developing with the family a structure of community expectations of it and realistic expectations of itself which both free the family for change and support it in change in the direction of conformity with community norms. In this connection the concept of casework as a partnership used to describe the relationship between the family and the social worker is a very useful one. Developed by Alice Overton⁸ and her associates in the family-centered project in St. Paul, in working with 140 of the city's most disorganized families, "partnership"

best describes the reciprocity the social worker attempts to set up with each family. As an approach, partnership implies that the social worker does not mince words in spelling out with the family why they were selected for special attention; in other words, what the worker saw as needing change in order that the family may meet the expectations of the community. The full force of the social authority inherent in the worker's role is neither muted nor denied. But undergirding this approach is the implicit assumption that every individual has some wish to be in a measure of harmony with his culture, made explicit by the worker's direct questions asking the family what they want for themselves and holding them to thinking of concrete steps the family can take to pull themselves together—create an identity for themselves. As Mrs. Overton says, "such directness is not directiveness or manipulation. It is treating the client as a full associate and letting him know our views on the necessity of and possibilities for change."⁹ Within the context of the concept of parenting as developed here, do not these phrases express the way the function of supervision and setting of limits is expressed in an actual structure of relationship between agency and client that frees him for maximum self-direction?

The term "partnership" in the context in which it is used by Mrs. Overton carries the additional implication of a contract—a contract between the community and the family for both to work toward their mutual benefit. This brings us to the fifth and last function subsumed under the concept of parenting, namely, the worker's responsibility to join actively with the family in seeking resources for improvement of the family's welfare, of its social status, and of opportunities for its members to exploit their talents toward these ends. The explicit demand to the family that its members can and must put their minds and

⁶ Elliot Studt, "An Outline for Study of Social Authority Factors in Casework," *Social Casework*, Vol. 35, No. 6 (June 1954), p. 232.

⁷ *Ibid.*, p. 233.

⁸ Alice Overton, "Casework as a Partnership," *Children*, Vol. 3, No. 5 (September-October 1956), pp. 181-186.

⁹ *Ibid.*, p. 183.

The "Hopeless" Family

hearts to improving the family's life situation must be correlated with clear indication of what the community can and will do. This means such specific things as:

1. Supplying every bit of material assistance to which the family is legally eligible, with the worker actively determining the family's need for the discretionary items (refrigeration, furniture, etc.) rather than passively waiting for the family to ask for them.

2. Actively pressing for rehabilitative services where indicated, such as retraining, prosthetic appliances, etc., rather than expecting the individual family members to fight the battle of red tape unaided.

3. Actively mobilizing medical resources in a new way, for it is inevitable that in most communities the public medical care clinics (not to mention the private ones) are likely to be operating in a way that tends to perpetuate the individual recipient in the social role of a sick person.

CONTRACT BETWEEN FAMILY AND COMMUNITY

This list is intended to be illustrative, not exhaustive. The real point is the importance of an attitude on the part of the worker that is more than being active and imaginative in mobilizing community resources, although this much is an essential base. The necessity is to establish and maintain an understanding or contract between the family and the community in which each is a working partner contributing toward the same end, the family's total welfare. Certainly achieving reciprocity is easier said than done. It begins with the social worker explicating, even listing with the family, what the community can and will do, what is expected of the family and of individual members. Then there follows a continuing process of evaluating and ticking off the achievements and contributions, no matter how small, as each party to the contract works toward immediate and long-term goals.

The phrase "parenting responsibility" may suggest to some a kind of paternalism under which the government through the public welfare worker takes a dangerous degree of responsibility for shepherding the destinies of social problem families. To others it may suggest a harking back to the early days of social work when the friendly visitor held himself up as an example for the dissolute and poverty-stricken to emulate.

Both these notions are partly true but with an important difference. The profession of social work and social workers as individuals are and always have been instruments of social control as well as of social change. These are two faces of the same coin. Returning to our image of the "hopeless" family, the social worker must unequivocally represent the demands of the core culture and strive to help the family live up to them. If this family, and many more like it in the community, is able to live a more socially participating, really more free life, one kind of important social change has occurred. The difference is in the fact that the social worker sees himself and behaves as the instrument of social control and social change, not the personal embodiment of the "right" attitudes and values. This difference may seem a specious one until we reflect upon the fact that the professional self-awareness of which we talk so much is, in the last analysis, an ability to distinguish the "I" from the "not I" and to operate accordingly. The professionally self-aware person is able to represent the broad value demands of the culture which he shares, but also to recognize and accept the range of different ways of living them out and not confuse the selections he has made for himself with the total range.

CODDLING CLIENTS

Public welfare agencies—specifically the local multiple-function assistance and general welfare agency—are routinely suspected by a certain proportion of the community of coddling clients. This can mean various

things, but with respect to the type of family we have been studying we can make a virtue of what is a suspected vice. There is no disagreement between the social worker and the community on the objectives, *i.e.*, to help the socially inadequate family to be reasonably adequate to the demands of the culture in terms of self-dependence, care of children, home management, and minimum conformity with moral standards. The disagreement is around means to these ends. What many would no doubt term "coddling" has been unequivocally recommended herein. But it is coddling done with the clear-eyed awareness that only by reaching out with unquenchable feeling and concern can we hope to build a bridge of relationship across which the family can move toward acceptable functioning. It is coddling when, grounded squarely in the limits of eligibility on the one hand and minimum community standards on the other, we provide every bit of material resource and emotional support to the family as our contribution to the partnership agreement formed to improve the family's total situation and maximize the contribution of individual members. It is coddling when we start where the family is rather than where the community might wish it to be, and build brick by brick at a pace cognizant of the level of beginning and the life experience of the builders, focusing on essentials of family operation rather than on the niceties that some members of the community might wish to demand.

An abbreviated case history will help to illuminate these concepts:

Mrs. G, a 31-year-old mother of six out-of-wedlock children by at least three different men, would certainly seem to be the kind of person to whom things happened rather than her being able to control herself and her environment to a degree that met either her own or the community's standards. Mrs. G was born in a large and poverty-stricken family. Her childhood was one of stark material and emotional deprivation, leaving her able only to seize upon any

man who gave her attention, unable to demand or hold to much for either herself or her children.

The effect upon the older children of the parade of transitory fathers in the home was apparent. The G family was spoken of in the agency as one of "that kind" of ADC family, which meant a perpetual problem of determining eligibility, little hope of improvement in the family's moral and living standards, a "money-down-the-rat-hole" type of case.

A shift in case assignment brought a worker who recognized Mrs. G's need for acceptance and emotional support, disguised by her surface apathy, and he was able to give it without stint. At the same time, realistic problems such as temporary need for housekeeping assistance, dental care for the children, and a contribution from the baby's father could be dealt with always in the context of their meaning to this deprived and inadequate mother's capacity to carry her responsibilities to her children.

Progress was truly remarkable, not toward independence of agency help, but toward knitting together a family that had substance and identity, with Mrs. G both giving to, and receiving from, her children the satisfaction life had heretofore denied her. The family's conception of itself and, of course, the agency's and community's conception of the family changed markedly in the course of months.

Within the context of parenting responsibility as developed above, the agency will no doubt continue to provide material and emotional props to the G family for many years. But it can now be done consciously and without ambivalence because there is the glow of achievement in the agency worker's participation with the family toward common goals, the best possible kind of life for the family within its many limitations.

FAMILY IDENTITY

Much is being said and written about family diagnosis and family-focused treatment. Yet we are no doubt only on the

The "Hopeless" Family

threshold of exploiting the possibilities of family-focused social work. As better observational tools are gained from a growing body of interpersonal relationship theory tested in the crucible of the daily experience of social workers, counselors, psychiatrists, and psychologists in helping individuals, families, and groups, we are acquiring the necessary base that will make family-focused treatment a substantive reality in all social agencies. It is largely a fantasy that family-focused treatment is now occurring in most social agencies. To the important concept "family of orientation," as developed by Otto Pollak¹⁰ in his studies directed to integrating sociological and psychoanalytic concepts, may we suggest a somewhat related concept, "family identity"? As a concept corollary to "ego identity," "family identity" expresses, to paraphrase Erikson's¹¹ definition, a mutual relation in that it connotes both a persistent sameness with a family (family character) and a persistent sharing of some kind of essential family character with other families like it. Just as a feeling of ego identity is illustrated by an individual's inner sense of "I am a mechanic" or "I am a mother," a family identity is illustrated by family members sharing an inner sense that "we are Schneiders and we are like the Smiths but different from the Johnsons." By actively promoting family identity the social worker can exploit its force to give greater cohesiveness and direction to a family's development, and therefore the power of the family as the basic socializing agent in the life of its individual members is enhanced. Although the description of the G family no more than suggests this point, the sense of family identity became more apparent as the case progressed and was an observable force in adding substance and cohesiveness to the family's internal life.

GROUP TECHNIQUES INDICATED

The discussion of family identity suggests that the mechanism of family interviews is

strongly indicated with the type of case we have been discussing. A "family interview" is simply an interview with the family as a group; it is used selectively as a corollary to individual interviews, not as a substitute for them. It would scarcely seem necessary to belabor this point except that we are harassed by the knowledge that despite much discussion of family group interviewing, very few social workers are using this technique. The justification for family group interviewing has dimensions additional to that of promoting family identity, but on this one alone it would seem a necessary procedure chosen with a calculated purpose.

Still more speculative than family group interviewing is the notion that social workers should experiment with group approaches to the goal of developing family cohesiveness, substance, and direction in the disorganized and socially inadequate family. This discussion becomes quite academic since to the writer's knowledge, there is no experimenting anywhere in the use of formed discussion groups, composed of the key members of this type of family, as a mechanism for helping the individual family units toward improved functioning. At least nothing has reached the literature of the profession. A group approach suggests itself because it seems logical to believe that as the group is led in thinking through and discussing their shared problems, solutions will be reached and group support mobilized to undergird individual effort. Equally important, however, and within the context of our discussion of family identity, group participation would logically give each individual, as part of a family unit, an opportunity to experience himself in the "I, not I," "like, not like" dichotomy. Then, through the well-known psychological process of positive and negative identifi-

¹⁰ Otto Pollak, *Integrating Sociological and Psychoanalytic Concepts* (New York: Russell Sage Foundation, 1956), p. 31.

¹¹ *Op. cit.*

cation each one would achieve both greater individuality and relatedness—in a word, identity. The mechanical problems of organizing such groups in the typical public welfare agency would be surmountable if staff could be found with sufficient imagination to develop hypotheses and the courage and resourcefulness to create experimental groups to test them. Until this happens discussion will remain largely academic.

We have painted with bold strokes a picture of a type of family situation, particularly common to public welfare departments, which frustrates social workers to the point of a feeling of hopelessness. In detailing what we believe to be the appropriate stance of the social worker and the components of an effective approach to this type of family, one additional point needs to be made: the social worker must come to terms with the true nature of social work in the modern world and the nature of the profession of which he is a part.

PROFESSIONAL FANTASIES

The folklore of the profession still contains the idealized image of a social worker conducting weekly scheduled interviews, in the sanctity of the social worker's office, focused upon the conflicted feelings of individual clients who have come voluntarily to seek this kind of help. An examination of the literature and of teaching records used in schools of social work will inevitably give this impression of the predominant nature of social work. Even such a fine book as Helen Perlman's *Social Casework*¹² tends to convey the impression of social work as aiding the anxious person who voluntarily seeks help with his problems in social living.

It is, first of all, a fantasy that the largest proportion of social work in this country is represented by this image. In fact, the opposite is true. The largest proportion of social work is carried on with more or less involuntary clients and occurs in other

places than the worker's office—in homes, in hallways, in automobiles, to mention a few locations. Secondly, clarification and insight development have grafted themselves into the folklore of the profession as the primary objectives of social work help, or at least as having the highest status in terms of making us feel like social workers when we are engaged in these treatment activities. This too is a fantasy; a fantasy that the largest proportion of social work results in either clarification or insight, and a fallacy if these are conceived as the final objectives of most social work.

Social work is best described as helping people to perform appropriate social roles and to find satisfaction and give satisfaction to others in the privileges and responsibilities of those roles. This focus on role performance places in proper perspective the ego-supportive and ego-building work we must do with the "hopeless" family. The greatest contribution social work and social workers are making to man's understanding of himself is an appreciation of how the ego is built through the individual's active grappling with the reality problems of everyday living and the techniques of ego support we have developed to help him in problem-solving.

We have used the image of the socially inadequate family to explicate ego-supportive techniques which go beyond the development of a warm and an accepting relationship. The capacity to develop a warm and accepting relationship is assumed to be a part of the regular stock in trade of every social worker—an assumption that is not, however, borne out by reality. But to paraphrase Bettelheim,¹³ love, though the *sine qua non* of a base for effective social work help, is not enough. We must learn to give the strength of our own egos and the force of both the demands and the resources of the community in a particularly creative way if we will truly help the "hopeless" family.

¹² Helen Harris Perlman, *Social Casework: A Problem-solving Process* (Chicago: The University of Chicago Press, 1957).

¹³ Bruno Bettelheim, *Love Is Not Enough* (Glencoe, Ill.: The Free Press, 1950).

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BY RUTH ELLEN LINDENBERG

Hard to Reach: Client or Casework Agency?

THE BEGINNING CONCERN about aggressive casework, mentioned only too infrequently in the literature, prompts me to reflect on the subject of the "hard-to-reach" client—that individual who cannot utilize our services because he refuses, difficult character that he is, to fit into our neat ideas about how a client should act, what kind of problems he should have, and how he should conduct himself in our relationship with him. Over the years we have become increasingly explicit about the services of our agencies, which is all to the good. We have also become, or so it seems to me, increasingly insistent that the client adapt his problems to the services we have set up for him or go without our help. We demand a client with sufficient ego strength to use our services, forgetting at times that if he had this important personality characteristic to the degree we expect he should in order to be "eligible" for our services, he would not really need us. Given time and a little bit of luck, he would get by on his own. With growing fastidiousness about the services to which we wish to confine ourselves and with increasing expectation "ego wise" from those whom we serve, it sometimes seems as though it is the agency, not the client, who is "hard to reach." To the troubled client attempting to match his need to a service that does not fit or to the harassed community trying to secure the services that Community Chest publicity

leads it to expect are available through the agencies it supports, it must often seem that casework agencies are indeed hard to reach.

Consider, for example, the following needs for which it is generally difficult to find a matching service in most communities at present: the need for homemaker service unless there are complicating emotional problems accompanying whatever situation calls forth the need for a homemaker; the need for protective casework services in a disorganized family that cannot mobilize itself to seek service on its own; the need for supervisory or supportive casework services to relatively normal older people who may be able to live in their own homes but cannot travel to the agency for service. These may sound familiar. Consider, too, the casework agency's meticulous insistence in most instances that the client take the first step in seeking out the agency and its reluctance to move out, even on an exploratory basis, to the hesitant or resistant client who cannot do so. There is, without doubt, less eagerness to meet client need as it exists, less flexibility in adapting service to client, and less motivation to tackle the hard-to-reach or problem client than existed in the days when casework was a younger profession. Perhaps this is to be expected. The greater sophistication today is inevitably accompanied by greater reservation about what can be accomplished with multiproblem individuals and families. Broader theoretical knowledge makes us more realistic about the limitations of certain deeply damaged personalities. It also makes us guard ourselves against the optimism which,

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in our earlier and more naïve days, led us to feel we could accomplish something with every situation.

Casework has made exciting strides in the past twenty years. It is, for instance, more scientifically based, thanks to the effort of those leaders in the field who, reacting against intuitive operations in casework, have given much time and thought to the development of a conceptual framework of casework, to the application of the scientific method of problem-solving, to casework methodology, and to the development of a distinct body of social work knowledge.¹ The theoretical base is constantly expanding and one is impressed by casework's readiness to draw from the knowledge of related fields; social and cultural anthropology, medicine, psychiatry, psychoanalysis, and from the other specializations of social work itself, and to relate the new fund of knowledge to earlier knowledge in ways that are meaningful and significant for practice. Diagnostic skills have been significantly enhanced and we know infinitely more about treatment. Over the years, too, we have become increasingly aware, especially those of us in multidiscipline settings, of the infinite possibilities of teamwork or collaborative effort in problem-solving. There is no doubt that we are more knowledgeable.

Why, then, with our greater knowledge, are we less willing to move into some of the problem situations we would have been willing to tackle in the earlier days of casework? With a firmer theoretical base, why are we seemingly less imaginative, more cautious, and more rejecting of clients who do not meet our specifications? Why do we often shy away from hard-to-reach clients and multiproblem families, leaving them to the untrained caseworker and the non-

professional agency? Is it because realistically we know nothing can be done? Is it because we have lost our zest for the case in which success cannot be predetermined by a blueprint that is complete in every detail? Or is it because we have not let ourselves comprehend deeply enough what behavioral theory is increasingly bringing to us about the ego-damaged client? To answer these questions as to why we often bypass the client whose functioning is so tragically self-destructive and of such great concern to society requires a careful analysis of our attitudes as caseworkers.

MIDDLE-CLASS IDENTIFICATION OF SOCIAL WORK

One of the reasons for our difficulty in reaching the hard-to-reach client seems to me to stem from the middle-class culture of social work today. Increased educational opportunities, improved personnel practices, higher salary scales, shorter hours, greater self-consciousness about professionalism, all good in and of themselves, have increased the social distance between client and worker. The caseworker over the years has continuously improved his social and economic position which is as it should be. The concept of upward social mobility is firmly rooted in our American way of life. The predominantly middle-class identification of the present-day social worker has, however, made him less able to appreciate the client different from himself, whether this difference is culturally based or lies in the different ego capacity of the client. William Gioseffi wrote tellingly of this in an article some time ago as did John Martin in a more recent publication.² We look for and expect to find in the client's attitude and behavior those norms and deviations

¹ Eleanor E. Cockerill, Louis J. Lehrman, Patricia Sacks, and Isabel Stamm, "A Conceptual Framework for Social Casework: A Suggestive Outline" (School of Social Work, University of Pittsburgh, 1952). (Mimeographed report.)

² William Gioseffi, "The Relationship of Culture to the Principles of Casework," *Social Casework*, Vol. 32, No. 5 (May 1951).

John M. Martin, "Social-Cultural Differences: Barriers in Casework with Delinquents," *Social Work*, Vol. 2, No. 3 (July 1957), pp. 22-25.

Hard to Reach: Client or Casework Agency?

that are characteristic of the middle-class society we know, making surprisingly little allowance for different cultural and social orientation. We have a distinct fondness for the client most like ourselves, whose problems feel most familiar to us. By the same token, we are frustrated by the client whose cultural conditioning or ego capacity is sharply divergent from our own. Consider our impatience with the severely ego-damaged client whose capacity to reach out to us is often infinitesimal, or whose movement, if we reach out to him, is at a pace which we energetic social workers cannot tolerate.

Social workers, as people, pride themselves on their ability to recognize when they personally are in need of "outside" help and on their ability to seek this out, often through psychotherapy or analysis, taking consistent responsibility for treatment on a regular, planned basis. Even when they have not themselves been under treatment, they have come to expect the capacity for this same highly sophisticated behavior in their clients, whose cultural influences may have in no way prepared them for the ritual of the formalized interview. They sense as strange those persons unable to identify the intrapsychic origin of their social and emotional difficulties and who cannot adjust to the even rhythm of regularly scheduled office interviews where "talking out" is the medium of help. They forget that "talking out" requires a degree of verbal facility which many of our clients cannot be expected to possess. Furthermore, many cultures view the pouring out that we caseworkers have come to expect as quite unacceptable. Consider, for example, the unlikelihood that an Italian-born man could bring himself to discuss his intimate feelings with a caseworker, especially a woman, when Italian cultural influences gravitate against male expression of weakness and failure.

The increasing social and cultural distance between middle-class social work and "other class" clients fosters a communication

problem which should be of genuine concern to social work. When we perceive the other person's attitudes in the light of our own, we not only fail to make accurate diagnostic assessments of his problems but we are handicapped also in structuring treatment which is realistically based. The persistence of this attitude could well mean that casework, comfortable only in "counseling" on familiar middle-class problems, will increasingly reject as inoperable the wide gamut of social problems that have traditionally been its concern. The high status in the casework hierarchy of the agency offering counseling services to clients with emotional problems as against the status of the agency supposedly geared to tangible services should give us pause to reflect on the priorities which casework is setting for itself.

USING KNOWLEDGE ABOUT BEHAVIOR

A second ground for our difficulty with hard-to-reach clients stems from our resistance to utilizing in practice the knowledge we already have about human behavior and motivation. Sharper social study methods and increased psychiatric knowledge bring us daily more usable information about the uncontrolled impulsivity, the impairment in capacity to form relationships, and the ego and superego defectiveness of those whose social and emotional dysfunctioning comes to our attention. We know well, to cite an illustration, that a severely deprived adult, failed in early primary relationships and having himself failed in each successive relationship of his life, cannot usually show, at once, the trust necessary to lend himself to a tightly structured counseling situation (appointments for one hour at 10 o'clock each Tuesday) where he will see a worker whom he feels no more reason to trust than anyone else he has ever confronted. We should know equally well that, with many of these individuals, the worker may for a time need to take almost total responsibility for fanning a relation-

ship into being. Yet we persistently continue to expect the client to fall like a ripe plum into our waiting hands, ripe and ready for "counseling" at the time and place we set. We often forget, too, that a confused and disorganized client, although not psychotic, may actually have his time sense impaired to such an extent that he cannot comprehend or operate within fixed time limits. This brings to mind a severely depressed woman, subsequently able to make phenomenal inroads on her problems through both casework and psychiatric therapy, who early in the contact frequently confused her appointment times, appearing, for example, on Thursday for a Wednesday appointment or sometimes not at all. The easy interpretation of such failure, and the one we are prone to offer in similar situations, is, of course, "client resistance" or hostile acting out against the worker. Yet in this client's case it was neither. Instead it was her deep sense of black hopelessness and a wish to lose herself in oblivion which resulted in her disturbed time sense. She rejected time, as it were. Had the worker hesitated to make time available when she did show up or had she resisted going out to her at certain times when, completely frozen in her immobility, she could not leave home, she would not have stayed in treatment. The worker could have closed her case, as so many cases are closed, feeling perfectly justified that professional responsibility had been met and that the client lacked the capacity to utilize professional service.

We have the knowledge about human behavior that should suggest to us the need for discarding some of our older expectations as to client responsibility for initiating service and for beginning to make more highly individualized attempts to reach the hard-to-reach—the oral dependent or oral aggressive character whose primitive personality development precludes his asking help of us in a formalized way, the depressed personality who cannot move out of his gloom to seek us out aggressively, the psy-

chotic in remission who, if he is to be sustained, frequently must be allowed a degree of dependency which caseworkers find disquieting, and so on. Casework once struggled to be imaginative and was willing to risk failure with different cases. Does it now feel it can tackle only safe cases? Are caseworkers so compulsive as to be able to tolerate only neat cases built to order?

This last question brings me to another attitudinal factor which may have bearing on the question we are considering. I refer to the attitude of indifference and defeatism which casework has about many of the problem situations that it meets. One too often senses on the part of caseworkers a tremendously smug sense of satisfaction about things as they are in casework and a closed mind that refuses to inquire whether there are new ways to confront the problems we attempt to slough off. Too many luncheon meetings and "planning" committees may have overdetermined our mental effort and removed us from the arena of activity in a manner of which we ourselves may not be quite aware.

An experience not long ago gave me pause to reflect on the matter of attitudes in relation to problem cases. As a field instructor for casework students, I had occasion to assign to a first-year student in a medical setting what turned out, upon evaluation, to be a glaring example of a multiproblem family. The hospital pediatrician asked for help with discharge plans for six-week-old premature twin babies who were soon to leave the nursery; there was no social data suggestive of any unusual problem. Preliminary exploration, through a home visit, revealed a family with such a galaxy of problems that one would inevitably despair of casework being able to offer any solutions. An 18-year-old dull normal girl, married to a cloutish young fellow of 19, had already in four years of marriage borne five children whom neither knew how to care for. The three children at home ran nude much of the time in two overheated and urine-scented rooms where dogs and children vied

Hard to Reach: Client or Casework Agency?

with each other for living space while the couple lounged away their time with no attempt to cope with any of the essentials of living beyond opening cans when hungry and gossiping out of the windows with neighbors. Reared by a mother with fair homemaking standards who, however, permitted continuous impulse gratification without inculcating any sense of responsibility, the girl had been married at 14 to an irresponsible young man who had worked only a few days since the marriage. Had the situation been known in advance, it obviously would not have been assigned to a student for a learning experience in casework. Once the initial survey was done, I had little thought that constructive casework on a continuing basis would be possible. Most experienced caseworkers would have signed off before starting, calling on the closest protective agency to take over if one could be found. Instead of feeling overwhelmed, the student saw a real challenge in the situation and was eager to have a go at it. She continued to study and appraise the situation more deeply, involved the couple in a surprisingly meaningful relationship, and soon had them shooting with her toward a number of targets, over and above the immediate one of getting the babies out of the hospital. There was thinking and planning for family limitation, action to secure better housing, activity to locate needed household items, preparation to refurbish the new and large apartment they secured, many kinds of goal-directed activity on the couple's part in contrast to the completely haphazard patterns of their previous life.

This gave me pause to reflect. What quality did this first-year student have that helped this couple, seemingly fixated at an extremely primitive level of psychosexual development, to relate to her and pull themselves up to a higher level of functioning when a more experienced worker might have been too sophisticated to dare to think anything could happen? The answer undoubtedly lay partly in her

enthusiasm and her conviction that this couple could be helped to raise the level of their functioning, become better parents, and more adequate citizens. More than this, it lay in her own confident belief that she, as a caseworker, could offer something to this couple that would permit them to change. As I puzzled over this, I began to sense that more experienced practitioners have lost their daring, the courage to tackle bad situations, and the willingness to pioneer in new ways of case handling.

CHRONIC CLIENT

One concluding reflection on the hard-to-reach client concerns the chronic social agency client who, unresponsive to the efforts of one agency to help him, often becomes known simultaneously to a number of agencies. He, too, although he gets about and makes his needs known in the social work community, is a hard-to-reach client. Shopping about as he often does for attention, he is basically unreached. A recent situation illustrates this: Five community agencies of good repute were recently found to be giving concurrent service to one single individual, a deeply disturbed young woman of only thirty. As the latest agency entered the picture, the worker noted with some surprise that at no time during the past several years of activity, had there been any attempt at a formal conference to share and evaluate findings or to plan and co-ordinate the treatment being attempted. Each agency knew that the others were active and some had had fragmentary conversations by phone with the others. Yet the idea of a joint conference to attempt comprehensive planning and co-ordination had not occurred to anyone.

There are several possible explanations. Perhaps it is the heritage of our highly individualistic frontier philosophy that causes agencies to "go it alone" without concern for duplication of effort and the confusion to client that results from unco-ordinated activity. Or perhaps it is agency chauvin-

ism that leads one agency to overvalue its own brand of casework service while deprecating the other agency's, meanwhile minimizing what can be gained by conferring together. Whichever attitude is responsible, our current lack of communication between casework agencies is shocking, leading as it does to costly overlapping of services. At Community Fund time, we talk proudly of our vast network of community services while, in reality, what we have in many communities is only a wide assortment of unco-ordinated services. Many of us in interdisciplinary settings have been privileged to participate in structured team relationships and have seen the exciting therapeutic results that emanate from the co-ordinated efforts of various disciplines working together. It is ironic that we do not begin to see the implications of this on a broader community basis, that we do not recognize that many times the client's or family's problems are too massive for any single agency and require the careful dovetailing of multiple community services.

MORE EFFECTIVE CASEWORK WITH PROBLEM CASES

Analyzing attitudes that condition our behavior as caseworkers is fruitless indeed, unless we can arrive at a positive statement of the elements needed to permit us to do more effective casework with problem cases. The following, in summary of the points already made, seem to be indispensable.

1. First of all, we must come to grips with the fact that, as middle-class social workers with an increasingly homogenized point of view, we may be letting our own cultural orientation obscure for us the cultural differences that need to be understood if we are effectively to serve a wide variety of clients from differing cultural and sub-cultural groups. This means persistent effort to discern whether we let our own cultural identification obscure the client's unique individuality. We run the constant danger of expecting others to tick just as we do and to conduct themselves in the case-

work relationship as though facsimiles of ourselves.

2. Next, we must ask ourselves if we are putting our knowledge of behavioral theory to good use. We know that severely traumatized people cannot usually show, at the beginning of contact, more purposefulness in seeking out and utilizing casework than they have shown in pursuing other attempted solutions of their difficulties. It follows, then, that we must be increasingly imaginative in how we reach out to people, abandoning many of our unrealistic expectations of them and showing greater willingness to extend ourselves. To be very specific indeed and at the risk of being sharply criticized, I would like to propose that we may need to be willing at times to undertake home visiting, without self-application by the client, when our knowledge of the situation tells us that, without this initial extension of ourselves, there would be no way of establishing contact. Medical social workers, dealing often with individuals debilitated and demoralized by illness, have always had to take more initiative in developing a relationship than our fellow caseworkers. By virtue of this, we have also been privileged to see that many of the patients, initially most resistant to us and with whom we have had to take all or much of the initiative in setting up a relationship, have been capable of profound utilization of our casework skills. This may have implication for the other specializations.

3. Another element necessary for a greater measure of success with the problem client is a greater degree of skill in collaborative effort on a broader community basis. Many of our multiproblem individuals and families can only be helped by meshing together the services of a variety of specialized agencies: casework, group work, and non-social work. However, doing so requires an end to the age of isolationism in casework, giving up old prejudices and "caste" attitudes about outsiders, and developing more effective machinery for collaborative activity. Collaboration, as those in interdiscipli-

Hard to Reach: Client or Casework Agency?

nary settings well know, does not just happen. The wish is, of course, father to the fact. We cannot have collaboration without the wish to relinquish our prejudices about working with others or without the willingness to substitute confidence and trust for suspicion and criticism. This will not, however, in itself promote sound meshing of community services. Needed also is the development of effective machinery for collaboration: the case planning conference around the individual case, the conference that brings practitioners (not only agency administrators and supervisors) together around common problems, workshops devoted to developing principles and methods of collaborative interagency relationships, and so forth. Much groundwork in methods of collaboration has been done by people who have worked in well-structured interdisciplinary settings. Their findings are available to us, and the concepts and principles of collaboration developed there are entirely applicable on a broader community basis. We should begin to think more and more of the community as a team with specialized agencies ready to lend themselves to an orchestrated effort just as, for example, the individual specialties within a rehabilitation set-up (*i.e.*, the physiotherapist, the occupational therapist, the vocational counselor, the physician, and the caseworker) lend themselves to mutual effort in the interest of the individual patient. All this may sound idealistic and impossible to attain. It must be recognized, however, that we must learn more effective

techniques of collaboration if we aspire to more than piecemeal casework with the hard-to-reach.

4. Finally, we come to the matter which may be of greatest import of all—the question of motivation. Caseworkers have hidden too long behind the façade of “client failure” in the problem cases where we have been unsuccessful. We have too often lacked the motivation to review and analyze systematically the cases that did not work. We have assumed that our failures were inevitable and have excused ourselves from looking at our contribution to them. Moreover, we have excused ourselves from asking whether a different casework design might have produced a different casework result. In short, we have become complacent and self-satisfied, content to project our failures elsewhere and to rest on our laurels. The answer to this, then, would seem to lie in remotivating ourselves anew to meet the challenge of the problem cases.

What is to be done? That is not entirely clear, but what seems to be indicated is a fresh spurt of enthusiasm in casework, a zesty attack on casework's unsolved problems, and a reaffirmation of the earlier faith of social work in the plasticity of man and social work's ability to be the catalyst in social change. I suspect that we need to be jarred out of our middle-class satisfaction with what we have accomplished and to be willing to take the scalpel to our failures. From there it is presumably a matter of bolder and more aggressive experimentation.

BY BERTA FANTL

Integrating Psychological, Social, and Cultural Factors in Assertive Casework

SOCIAL WORKERS, ESPECIALLY those working in public agencies, have given much thought on how to apply psychoanalytic-oriented casework methods more effectively to the vast number of clients whose adjustment indicates the need for casework help but who do not avail themselves of existing community resources.

An attempt is made here to explore the intrapsychic and sociocultural factors pertinent to assertive casework. This paper does not trace the historic shifts in assertive casework nor does it join in the current plea to reach the "hard-to-reach" social workers to make more home visits or interview in candy stores. The more essential question is one of *basic orientation* to the clients' problems in the light of ego psychology and knowledge gained from the social sciences. How and where the physical reaching out will occur will follow naturally and will depend on the setting and function of the worker's agency. Assertive casework faces many limitations, partly because skills are still being developed, partly because of the attitude and perception of society toward our clients.

Among the categories of hard-to-reach clients are people with social and emotional problems who because of cultural differences cannot comprehend immediately in what way a casework relationship or "talking over a problem" might help them. They have sufficient ego strength and motivation

to use a casework relationship if social workers were willing to modify some of their methods and take as much interest in the sociocultural factors impinging on the client's personality as in his psychological make-up. In this category are members of minority or nationality groups who, perhaps, have moved recently and are new to the ways of their environment; they do not know what is expected of them and what is prohibited. Things have not worked out the way they hoped for and they find themselves in difficulties which are more situational than chronic.

Another group of hard-to-reach clients are those with problems of long standing and frequently with various degrees of anti-social behavior. The social breakdown appears quite complete and motivation for change is almost nonexistent. The initial skill of the social worker lies perhaps in sensing the tiny but always present spot of inner dissatisfaction of these clients. The amount of dissatisfaction which is projected out and on to the environment is always great and often has to be used as the starting point for any future relationship. It is not that the social worker accepts the client's material at face value, but that he tries to understand what the client communicates through the stream of projections. Sometimes the worker may see fit to set an early limit to the client's projections by asking him to elaborate on a specific incident in "which everybody else was at fault." The worker then may interject the thought that, whatever the situation may be, the client or his child seem to have had a lot of trouble

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Factors in Assertive Casework

and was there not, perhaps, anything else which was contributing to the situation? Fritz Redl¹ says that he never saw a "genuine" delinquent, one "without superego" and conflict toward society. The same, if not more so, is true with adults, especially of parents. Even the most resistant adult client, indifferent as he may appear, shows some dissatisfaction with his *status quo*, a feeling of unrest and anticipation of new disaster. Even in families where crime has been committed by older family members, there is always the desire not to have the children become delinquent, or at least not delinquent to their way of thinking.

RE-EXAMINING CASEWORK CONCEPTS

Concepts such as permissiveness and acceptance have had to be re-examined. Methods suitable and therapeutic to working with the inhibited neurotic, whose conflict is mainly within himself, are frequently disastrous for the delinquent or adult client with a character disorder and a weak ego that brings him in conflict with the value system of society. While the inhibited neurotic client, through a permissive and accepting relationship, learns to experience that some of his thoughts and actions are neither so dangerous nor sinful as he believed them to be, the goal in assertive casework is to mobilize any overt or latent strength in the ego of the client and to seek positive factors in his milieu which also will support the integrated part of his ego. The conflict of a client with a character disorder is not between repressed id impulses and a too-severe, internalized superego but between relatively unrepressed id impulses and the norms of society at large—with the client standing more or less on the edge of the scene watching the turmoil. The social

worker who accepts the client by understanding the different psychological, economic, and cultural factors, which are added to the client's difficulties, mirrors, so to speak, the "superego" of society to the client without the threat of coercion and punishment experienced earlier by the client, from what he feels is an essentially hostile society. Not unlike casework in general, the caseworker in assertive casework represents a warm, understanding parental figure with the added task of repeatedly pointing out the reality consequences of his action. The worker can make demands on the ego of the client as long as they do not exceed the ego's tolerance and as long as they correspond to the cultural norms of the client. At times the social worker may need to disapprove sharply of some of his client's actions to tide him over one of his "social" (not inner) crises. For example:

A 14-year-old Caucasian boy told his worker about his latest joyride in a stolen car. This, along with other delinquent acts had been the reason for referral nine months earlier. The social history of the boy's family showed an incredible number of habitual robberies and stealing episodes which made the prognosis for treatment of mother and boy seem unfavorable. The boy as the youngest sibling had experienced great inconsistencies in his upbringing, yet he experienced some emotional warmth. He showed a slightly higher degree of "real" ability to relate than most delinquent youngsters. That the boy could tell the worker about his delinquent activities showed progress since in the early days of treatment he was shy, noncommittal, conforming and inclined to talk only about the "nice things" he supposedly did. From the beginning the boy knew that the school and probation department were keeping the worker informed about any antisocial activities, that this was an area he and the worker were to explore. Repeatedly the worker questioned whether really everything was going so well and challenged him to look at his role when he was in trouble or on the fringe of trouble.

¹ Helen L. Witmer and Ralph Kotinsky, eds., *New Perspectives for Research on Juvenile Delinquency*, Children's Bureau Publication No. 356 (Washington, D. C.: U. S. Department of Health, Education, and Welfare, 1956), p. 61.

On this day the worker knew from the mother about the latest crisis in the family to which our young client reacted in his own way. There were several alternatives for the worker to handle the interview. The reality was that the boy would be sent to a state institution if there was any further offense. The worker decided to take a chance on the positive elements in her relationships with the boy. For the moment she concentrated on the car situation only and expressed her disapproval and concern at seeing him get into trouble again. He thought that he and his friends were too smart to get caught. The worker said that he had been caught before and what did he think would happen if he got caught again? He shrugged his shoulders. One thing was sure, the worker continued, this would be the end of their getting together. The boy said, "Oh, you come and see me at the Juvenile Court." The worker quite sharply said that she would not. He asked why. The worker said that he had learned enough about himself so she did not think he needed to get himself into all this mess. She appreciated the fact that he told her about the stolen car and hinted on his future plans; it was important that they could talk and look at things together; but talking it out here was one thing and getting fouled up on the outside was another. He and his mother were coming here to get things straightened out; it was tough going, and many things had just happened at home which were not easy to think about or easy to understand right away. One thing was sure—riding around in stolen cars would not get us anywhere. The boy left quite cheerfully and no incident of stealing followed this interview.

Authority. The question of authority is important in defining the role of the social worker in assertive casework. Many cases are lost before they even get a start because of the worker's own conflicting and unclear feeling about his role. For a while case-workers saw themselves mostly as permissive listeners to the material the client presented to them. "Coercion" was confused with pointing out realistic limits of the client's

behavior which were destructive to himself or to others.

Elliot Studt, in an article entitled "An Outline for Study of Social Authority Factors in Casework," examines concepts of authority as developed by sociologists and psychoanalysts.² She speaks of a formal social authority inherent in every social work position by virtue of the community's establishing such a position and recognizing the social worker's special skill and competence to help in certain areas of human adjustment. However, this formal sociological authority relationship must become a relationship of psychological authority if the client is to be helped. The formal social authority becomes secondary as the psychological person-to-person aspect of the authority relationship develops. This point seems particularly valuable in helping case-workers see their role at different stages in treatment. Psychological authority, according to Mrs. Studt, is achieved by (1) dealing with the negative transference attitude of the client, (2) modification of the client's behavior due to his experience with the casework, (3) handling increased dependency manifestations.

Dr. Szuriek differentiates between the authoritative role and the authoritarian role of a person.³ In an *authoritative* approach coercion is absent and the authority is derived from superior skill and competence. The person in authority takes on the role of a benign parental figure, the effort being to increase the self-respect of the individual who is being helped. The purpose is to guide an immature person in obtaining satisfactions which are not destructive to himself or others. In an *authoritarian* approach, coercive power is exercised by a dominant person primarily for his own and not for the other person's gain.

² *Social Casework*, Vol. 35, No. 6 (June 1954).

³ S. A. Szuriek, "Emotional Factors in the Use of Authority," in Ethel L. Ginsburg, ed., *Public Health Is People* (New York: The Commonwealth Fund, 1950), pp. 206-225.

Factors in Assertive Casework

PERSONALITY STRUCTURE OF THE HARD-TO-REACH CLIENT

Frequently we deal not just with individuals but with a constellation of individuals whose ways of establishing a temporary psychological equilibrium is by acting out their conflicts, by showing little controls from within or desire to have them. The difficulty in reaching these clients is that the anxiety-provoking tensions are projected out. Defense mechanisms most commonly employed are rationalization, projections, and denials. Their judgment is poor and tolerance for anxiety is low. What we are seeing is "instinctual" anxiety as different from anxiety of inner conflict or a too-severely imposed external superego.

Different from "symptom neurosis," the behavior of these clients is ego syntonic, more a way of life than a disturbing symptom; not really disturbing, although in a vague way they know that something is wrong someplace, even perhaps within themselves. However, their superego and ego structure lack consistency and strength; most of their social histories show an unbelievable amount of emotional traumas and emotional, social, and cultural deprivations so that they are unlikely to be the ones who initiate steps toward a change. In addition to past histories of psychosocial pathology, their current problems are so overwhelming that whatever energy might be latent is buried by problems piled on top of problems. They are what Bertram Beck refers to as "on the short side of the American Dream."⁴ They show little regret for their behavior, and self-accusations as experienced by "neurotic" clients are unknown. They conceive the world as hostile toward them and are guarded against unfamiliar intrusions from the outside. They see their crises as occurring on the outside; therefore this frequently has to be the starting point

for future work. Disturbance in object relationships and identifications is severe and difficult to grasp diagnostically because of variables in culture.

Seen individually, our clients show low self-esteem, feel dejected, and sometimes seem depressed. Yet in actions they are overaggressive, hyperactive, and restless. Even when indifferent or in open rebellion toward our effort, they are supersensitive about what we might think of them or how we might react toward them. Their passive dependent character traits suggest the need for a long-time supportive and corrective casework relationship.

EFFECT OF EGO PSYCHOLOGY ON GOALS AND METHODS

The emphasis on the ego as an independent and more adaptable organ than it had been considered in the earlier days of psychoanalysis has given new directions to assertive casework.

Heinz Hartman describes the ego as a definable psychic system with inborn characteristics and specific functions such as thinking, perception, and action.⁵ This he calls "primary ego autonomy." Those functions develop independently and yet they have interdependent relation to the id and the superego which the ego serves as a specific organ of adjustment around demands of reality. "Secondary ego autonomy" is the independent resistivity of the ego function against regressions. Although a great oversimplification of Hartman's work, the implications for assertive casework are that the ego has an inborn capacity for at least partial growth and can make adaptation independently of past environmental influences. In other words, some modification of behavior can occur—a new learning or a mastering of impulses—via the ego and through communication from the environ-

⁴ Bertram M. Beck, "Protective Casework: Revitalized," Part II, *Child Welfare*, Vol. 34, No. 10 (December 1955), p. 17.

⁵ "Comments on the Formation of the Psychic Structure," *Psychoanalytic Study of the Child*, Vol. 2, (New York: International Universities Press, 1946), pp. 11-38.

ment; this in spite of impulses which may seem overwhelming.

The use of the relationship is of utmost importance. The emphasis is on the worker's attitude and behavior and the client's possibility to identify with it. Since verbal communication is frequently negligible or difficult, any sort of motor activity, facial expression, posture, tone of voice needs to be observed and understood in the same way as are words. Problems of countertransference and social pressures are more trying to handle than with neurotic clients. The social worker needs to be keenly aware of what the client's behavior might mean to his own defenses and when he might react defensively or angrily to the client's provoking behavior. In addition, the worker's professional role is subjected to greater external strains since the community views the hard-to-reach client as one in need of punishment and isolation and not in need of treatment.

In cases of delinquency, a nonambivalent and firm approach is essential. The worker must not be party to any delinquent act; avoidance of being manipulated by the client needs to be sharply differentiated from anticipating and understanding *feelings* around the delinquent act which makes it possible for the client to identify with the worker. Hopefully, controls from within can be established through gradual positive identifications, through realistic expectations, and by initiating controls from without.

SOCIOCULTURAL FACTORS IN ASSERTIVE CASEWORK

Much of the "resistance" in the hard-to-reach clients is culturally determined on their part and many of our present treatment failures are due to our lack of analyzing more fully factors in the milieu that impinge on clients' personality and social adaptation. We have, for instance, not fully spelled out for ourselves the differences encountered in working with lower-class

clients as against working with middle-class clients whose value system is similar to ours, since most social workers come from middle-class backgrounds or move into the ranks of the middle classes. Even with religious, ethnic, and nationality difference, we have learned to deal with signs of "psychological" resistance and have been able to establish a rapport with many middle-class clients without too much difficulty. Their value system in respect to property destruction, expression of feelings and aggression, sex relations, manner and usage of speech has a familiar quality, even if our task is to help a middle-class client to see some of his distortion and conflicting feelings around his values. Emotionally we can understand the conflict of a middle-class client with greater ease. It is more difficult to develop true empathy with clients from backgrounds whose standards and ways of life are different from our own. Warmth and concern for clients and condemning the ills of society are not sufficient to establish a therapeutic relationship. Because there has been lack of clarification of similarity and differences in our interaction with different groups of people we are inclined to swing from overoptimism about what casework can accomplish to extreme pessimism. It is true that our successes have not been spectacular but they have increased as our knowledge about interpersonal relationships, and interaction of milieu, and intrapsychic factors increased. Besides it is unrealistic not to experiment further with our present skills when the need for help is so great.

For several years now there has been available a fund of scientific knowledge about *child-rearing practices*⁶ in different

⁶ Allison Davis, "American Status Systems and the Socialization of the Child," in Clyde Kluckhohn, Henry A. Murray, and David M. Schneider, eds., *Personality in Nature, Society and Culture* (New York: Alfred A. Knopf, Inc., 1953), pp. 567-576.

Allison Davis and Robert J. Havighurst, "Social Class and Color Differences in Child Rearing," in Herman D. Stein and Richard A. Cloward, eds., *Social Perspectives on Behavior* (Glencoe, Ill.: The Free Press, 1958), pp. 419-432.

Factors in Assertive Casework

socioeconomic groups and racial groups of the United States which has not been sufficiently utilized by social workers to add to the understanding of all clients in need of help. It is known that the middle-class child, by virtue of his training and parents' value system, is subjected earlier and more consistently to influences which are likely to make him "an orderly, conscientious, responsible and tame person";⁷ that he usually suffers more frustration of his impulses than does the lower-class child. Therefore, a different personality might emerge with different instigations, values, motivation, and goals. The lower-class child is likely to experience greater permissiveness as to cleanliness, feeding habits and social freedom in his early life but also greater insecurities. Common-law relationships, desertion by the father are not uncommon. While the middle-class father spends time with his children reading and talking to them, the lower-class father, even if he lives in the home, may not be around much and is a rather feared figure. Attitudes toward adult authority may differ considerably between a middle-class child and a lower-class child.

Differences in social conditions may give rise to differences in the expression of anxiety. Because of their more insecure economic position vital matters such as food, clothing, burning of fuels and lights, housing, spending and saving of money are dealt with differently by the lower classes. What may seem of great importance to a middle-class person may not have the same emotional significance and urgency for a member of the lower classes and vice versa. While lower-class families often express aggression without remorse and not infrequently encourage threats and physical attacks, the middle-class families are more likely to show aggression through more conventional forms of behavior such as initiative, ambitions, participation in community affairs. The lower-class child

sees the adults fight and perceives aggression as a necessity. He learns to look out for himself at an early age, turns to his peers or gang for emotional security. He is warned not to be a "softie" or "yellow"; not to be taken in by anyone, especially not by adults from a different value system. To strike first or to carry a knife may be appropriate behavior in his subculture. To be a good streetfighter, to brag about early sexual relationships are accepted goals even in the nondelinquent lower-class gang. The concept of honesty is often restricted to the immediate family or neighborhood group. Otherwise stealing might be overlooked if not condoned. There may be little if any restriction about swearing, fighting, or sex exploration.

The period of entering school is an important psychological and social experience for every child. Our school systems, not unlike our other social institutions, are permeated by middle-class standards; therefore the needs of the middle-class child are better understood and met by educators.⁸ Not being exposed to the cultural advantages of the middle-class child and without sufficient guidance from home and school, the lower-class child may find school dull and meaningless, if not difficult. He is not likely to achieve the prestige which is more accessible to the middle-class child. He will feel ignored, if not punished, for what he thought were the "right" things to do. Anxiety about himself increases when he finds that his concept of himself developed during his preschool days is not the way others continue to view him now. Feeling confused and lost he may resort to aggressive behavior. School becomes an increasingly unpleasant experience. Chronic truancy and dropouts are not uncommon among lower-class adolescents and create new social problems as to recreation, occupation, sex relations and early marriages.

Multiplicity of standards, norms, and

⁷ Davis and Havighurst, *ibid.*

⁸ August B. Hollingshead, *Elmtown Youth* (New York: John Wiley and Sons, Inc., 1949), pp. 329-359.

values, differences in the use of language or other symbolic behavior are apt to multiply misunderstandings and conflicts. They cause tension and errors in judgment; they may even lead to crime. *Discrimination* as another social factor can cause permanent emotional damage; much of a person's energy may be wasted by trying to dispose of hostility created through continued discrimination.⁹

These and many other sociocultural factors will add to our knowledge and understanding of "reaching" the more resistant client. They might make our goals and expectations more realistic.

"ROLE" AS THE LINK BETWEEN PERSONALITY AND SOCIETY

Mazie Rappaport stresses the need to involve all members of the family in the casework process to aid them in assuming their respective roles and responsibilities.¹⁰ As a step in this direction, the Family-centered Project in St. Paul developed a comprehensive outline for a family social diagnosis.¹¹ A need was felt by the project workers to "develop a *balance sheet of the total family operation* in order to design a plan of action to strengthen the family as a unit."

Otto Pollak in his two books attempts to integrate selected social science concepts into therapeutic practice.¹² Although in full agreement with him, social workers in assertive casework could not find anything too new in the "family of orientation."

They knew from experience that the ego of the individual client was too weak to work alone with him and that *all* important people in the client's life needed to be considered *whether or not they belonged to his immediate family*. How visible and practical it would be to involve all members of the client's "family of orientation"—let us say six or eight—in treatment or even a diagnostic work-up is debatable. But occasional contacts, in person or by phone, with other significant persons in the client's life, or joint conferences with other agencies, hospitals, schools, probation departments to define and clarify collaborative roles in working with the client are possible and very useful.

At the School Child Guidance Services in San Francisco, we found it increasingly helpful to have joint interviews from time to time with members of a family who were in individual treatment for the purpose of making a joint plan or reaching a joint decision. In these family conferences we included even young children unless it seemed counterindicated and we always included adolescents. In addition to observing the interaction of various family members, we found that such conferences cut down on the amount of acting out between family members which frequently slowed down individual treatment. With increased emphasis on the family and milieu interaction, we shifted gradually back to having the same worker deal with the whole family, school, and community. To look at the social interaction in such a way adds to the tools of helping clients; this does not mean that clients in need of individual treatment ought to be deprived of it.

Otto Pollak's application of "social roles" in the case of Margaret R gave social workers new impetus to experiment and improve their approach to diagnosis and treatment in family and milieu-centered treatment. For our purposes here we might view "role" as the link between "personality" and "society."

⁹ Abram Kardiner, *The Mark of Oppression: A Psychosocial Study of the American Negro* (New York: W. W. Norton & Company, 1951), p. 362.

¹⁰ *Protective Services in an Urban Community* (Baltimore, Md.: Protective Service Division, Department of Public Welfare, November, 1951).

¹¹ *Casework Notebook*, Family-centered Project of St. Paul (St. Paul, Minnesota: St. Paul Community Chests and Councils, 1957).

¹² *Social Science and Psychotherapy with Children* (New York: Russell Sage Foundation, 1952), p. 242; *Integrating Sociological and Psychoanalytic Concepts* (New York: Russell Sage Foundation, 1956), p. 284.

Factors in Assertive Casework

Sarbin,¹³ as one of the leading role theorists, refers to role as "the behavior of a specific person occupying a specific position"; it is the behavior prescription set by society for specific positions. Conflict increases in situations where individuals are forced into roles for which they are not adequately prepared or when they occupy more than one role. Since each role requires for its performance the enactment of *reciprocal roles*, the individual cannot enact his individual role successfully unless the others improve their role enactment. Otto Pollak contends that treatment *could be directed toward the alteration of role performance and the correction of role perception*. This might lead to simplification of roles within the family unit. His important point is that information about role behavior, role conflict, role expectation, and interrelations of roles is easier obtained and quicker than information about intrapsychic conflict and psychopathology.

CONCLUSIONS

The goal in assertive casework is not to "free" a person of inner conflicts since their existence is minimal. The goal is toward the improvement of the social functioning of the individual or a whole family group by strengthening those parts of the ego that are intact or have potential for development. The worker has to look for strengthening influences in the milieu to re-enforce the ego of the client. Repeatedly, the client needs to be given the opportunity to identify with the attitude and behavior of the worker. To develop psychological insight is more an accidental goal than a primary one, although astonishing insight sometimes occurs after a long period of work. Particularly in the beginning but also later on, the work is focused on situational difficulties and interpersonal rela-

tionships disturbing to the client. Since the ego of the client does not resort to neurotic symptoms,¹⁴ one has to work with the clients' actions and social crises. Non-verbal expression of behavior and feelings needs to be carefully observed and understood. Genuine support has to be given whenever possible. False reassurance is felt by the clients with amazing sensitivity. Behavior destructive to themselves or others has to be patiently and repeatedly pointed out. The fact that the worker is clear and firm about existing difficulties is ego-supportive in itself. Correction in perception of role performance may prove to be another ego-strengthening device. Realistic expectations, well timed, are motivating factors for new learning of behavior. The worker's own reactions and defenses to the client's hostile and acting out behavior have to be understood. The community's perception of the client as "bad" puts additional strains on the worker's role.

Awareness and knowledge of sociocultural factors will broaden our psychological understanding and enable us to see the clients' problems more truly in their social context; they will decrease social distance and increase communication between clients and workers. Professional terms to describe and evaluate clients' behavior will be used with greater discretion by social workers and those who refer hard-to-reach families as we all realize that "anxiety," "aggression," "motivation," "resistance," and others may be culturally as well as psychologically influenced. Increased emphasis in focus, not only on the individual within his social setting but on the family as a total unit with socially prescribed positions and role assignments, will give us new directions and improved techniques for dealing with hard-to-reach families within our psychological frame of reference.

¹³ Theodore Sarbin, "Role Theory," in Gardner and Lindzey, eds., *Handbook of Social Psychology*, Vol. 1 (Cambridge: Addison-Wesley, 1954), pp. 223-256.

¹⁴ Sometimes "neurotic" conflicts like masochism, compulsive addiction, psychosomatic complaints, are intermingled with character disorders. Usually they are part of the client's acting-out behavior pattern.

BY EVELINE M. BURNS

Priorities for Public Welfare

THE NATIONAL ASSOCIATION of Social Workers, with a membership of 22,000, represents the most highly trained segment of the approximately 100,000 persons employed by local, state, and federal governmental agencies and Catholic, Jewish, Protestant, and nonsectarian voluntary agencies to administer and operate social welfare services and programs. NASW members, who see at first hand the consequences for individuals and families of economic insecurity and of the failure of society to adopt remedial and preventive social measures, have given much thought to ways and means by which the social security system could be improved and strengthened so as to meet existing needs while also serving to reduce the dimensions of the problem in the future. The Commission on Social Policy and Action has developed a series of public policy statements which have been considered by chapters all over the country and were finally approved by the national Delegate Assembly in May. It is within the framework of these policies that this testimony is given.

EVELINE M. BURNS, Ph.D., professor of social work at the New York School of Social Work, Columbia University, has been closely associated with the development of the social security system since 1934, as a staff member of the original Committee on Economic Security, as consultant to the Social Security Administration from the inception of the program, as a member of the group of consultants to former Secretary Hobby, whose recommendations were adopted by the Congress in the 1954 social security amendments, and member of the Federal Advisory Council on Employment Security. This testimony on behalf of the National Association of Social Workers was given before the Committee on Ways and Means, House of Representatives, in Washington on June 27, 1958.

We want to make it clear that we are not impractical idealists. We recognize that some of the measures which in our judgment are needed to round out our security and welfare programs are unlikely to be achieved overnight, even though we believe we could argue vigorously and persuasively in their defense. Above all, we realize that the gentlemen of this committee have for the last two weeks been presented with a series of proposals for reform or retrenchment and face the very difficult and responsible task of deciding upon priorities. This statement, consequently, will allude only to those parts of our public policy statements that we regard, and that we hope you will regard, as the priority next steps. In so doing, we think we can claim to speak from a knowledge of the problem that is more immediate and direct than that of almost any other organized group which has appeared before you. For while we find ourselves in general agreement with the policies proposed to you by the American Public Welfare Association and the AFL-CIO, our understanding of the needs of people stems from the experience of our members in private as well as in public welfare agencies, and our clientele comprises many who are not merely unorganized workers, but in many cases persons who are not members of the labor market at all.

From this background, we urge you to give primary attention to the following areas.

STRENGTHENING SOCIAL INSURANCE PROGRAMS

The single most important step which this country has taken in the last twenty-five years has been the substitution of social

Priorities for Public Welfare

insurance for public assistance as the typical method of providing against interruptions of income. The popularity of this self-respecting method of providing against emergencies is universally recognized. It protects independent-minded Americans from having to seek economic aid through the humiliating procedures of a needs test system. It automatically assures the funds needed to cover disbursements through the legal requirement to pay contributions. It removes from the state and local assistance authorities a heavy burden of support of the indigent and thus keeps to a minimum the always difficult issue of the extent and nature of federal aid for public assistance and the degree to which the federal government should be involved in standard-setting on these programs.

But if the full potentialities of social insurance are to be realized, the system must be constantly adapted to changing economic conditions and it must be extended to cover risks not yet dealt with. More specifically:

a. Benefits should be immediately increased by 10 percent. Since the last changes were made in the benefit formula (1954), the cost of living has increased by about 8 percent, while average earnings have increased by about 12 percent. Even in 1954, average benefits were barely adequate, together with the resources possessed by the average beneficiary, to meet minimum living costs. The rising cost of living means that more and more beneficiaries are forced to seek supplementation from public assistance, thus destroying what our people regard as the main advantage of social insurance, namely the possibility of having nothing to do with means test procedures. For it makes little difference to one's sense of self-respect whether one has to submit to this procedure to obtain the whole of one's monthly income or to obtain the missing 8 or 10 percent. To raise benefits now, for both already retired and future beneficiaries, by 10 percent or a little more than the current cost of living

increase but less than the increase in average earnings would (in view of probable trends in prices) make it less necessary to adopt a hurried change in the next year or two. It would also serve to give beneficiaries some share in the rising productivity of the nation. To finance this cost, we would suggest an appropriate increase in the taxable wage base from the present \$4,200.

We place this proposal for a 10 percent increase in the benefits first, because we are convinced that a modest and immediate increase in monthly benefits is an urgent necessity and already overdue.

b. Benefits for dependents should be provided for disability insurance beneficiaries. The failure to provide dependents' benefits for this category of beneficiaries makes no sense at all if the object of the Congress was what we believe it to have been, namely, to make it possible for totally disabled persons to enjoy a modest livelihood without recourse to public assistance. A married man simply cannot live on the primary insurance benefit. Moreover, since he is by definition totally disabled, it is highly unlikely that his wife can accept full-time work to make good the deficiency in family income, since someone must care for him. This provision was inserted in the law primarily as an additional safeguard against possible cases of malingering. But all the evidence goes to show that the eligibility provisions are being very rigorously applied (indeed some would say far too rigorously and restrictively) so that this additional deterrent can no longer be justified, if indeed it ever was a sound policy to penalize the vast number of decent, unfortunate disabled people for the sake of discouraging the few who might be tempted to take advantage of the system.

If we think the totally disabled should have social insurance, let us make sure that they have as much income as we think it proper for the aged to have from this source. The available evidence suggests that the costs of the present program are less than

anticipated and we believe the grant of dependents' benefits could be financed without any increase in the rate of tax.

c. The 50-year age limit should be removed as an eligibility condition for disability insurance. This limitation too was introduced in 1956 when disability insurance was a new venture for the federal government. At the time, it was reasonable to limit coverage so as to gain experience with administration of a new program, the special difficulties of which we do not for a moment deny. We have, however, been greatly impressed with the skill and deliberation with which the Bureau of OASDI has grappled with the various problems involved, and we believe that administrative difficulties alone can no longer be cited as a reason for not doing something that ideally, and in principle, we should have done from the first, namely, to make social insurance income available to all totally disabled persons regardless of age. For the need of the family of the man disabled at 35 or 45 is no different from that of the man disabled at 50 upwards: indeed it is greater, for the younger man has to eke out an inadequate existence for more years before becoming eligible for his old age benefits!

d. Rehabilitative services to disability insurance beneficiaries should be paid for from the Disability Trust Fund. The desirability of doing everything possible to rehabilitate the disabled is everywhere recognized. Quite apart from the immense difference made to the lives of individuals who, through the almost miraculous methods and techniques of modern rehabilitative science and art, are once more enabled to live independent lives, it is sheer social and economic waste to continue to support in idle helplessness men and women who, for a relatively small investment of resources, could be rendered more independent. Unfortunately, the federal-state vocational rehabilitation services in the states are very inadequately developed:

perhaps one of the most shocking wastes and inefficiencies of our nation is our failure to apply modern knowledge and techniques to our disabled. But among the candidates for rehabilitation the disability insurance recipient is likely to be regarded by the existing agencies as the marginal claimant for attention. For our vocational rehabilitation agencies lay great stress on the objective of returning an individual to employment, and unfortunately, employability is a function not only of physical health but of age, and at the present time, by definition, the disability insurance recipient is 50 years of age or over, *i.e.*, a person regarded as difficult to place under any circumstances. Only if the Disability Fund is able to finance rehabilitative services for its beneficiaries will these people have a reasonable opportunity of access to rehabilitation services. The financial justification for charging these costs to the fund lies in the fact that a successful rehabilitation case will no longer draw benefits; thus the fund is making a profitable investment. We therefore endorse the proposals to this end contained in H.R. 8883, introduced by Congressman Kean.

e. Payment of hospital and surgical costs for OASDI beneficiaries from the OASI Fund. We endorse the proposals contained in Congressman Forand's bill, H.R. 9467, for the payment of hospital, nursing home, and surgical expenses for individuals entitled to OASI benefits. Even if it were deemed undesirable at this time to extend this privilege to survivor beneficiaries, we believe there is an overwhelmingly strong case for doing so in the case of the retired aged. To finance such additional benefits we recommend an increase of one-half of 1 percent in the payroll tax.

The costs of medical care to the aged is increasingly becoming our major national social problem. It is the cause of a large part of the supplementation of OASI benefits and of the rising costs of public assistance, despite the declining numbers of old

Priorities for Public Welfare

age assistance recipients. It will become increasingly important with the growth in numbers of the aged. The problem is not whether or not these costs are to be met; they are in fact being met today, by individuals from their savings (thus merely accelerating the date by which they have to seek public support for their normal needs), or by public welfare agencies whose budgets for this purpose are continually increasing, or by hospitals and private agencies whose deficits are continually growing. The question the nation faces is merely the question of the best way to meet these costs. We believe that for the long run the most rational method is by way of insurance, and that the most feasible method of making sure that everyone shall be insured is to utilize the machinery of compulsory premium payment through OASI.

Reference has been made in these hearings to the extent of medical and hospitalization insurance among the aged. None can claim, however, that this type of insurance is, or could ever be, wholly inclusive of the population so long as the decision to take out such insurance is left to the voluntary decision of individuals. Quite apart from the well-known fact that it is difficult for older people and those not members of organized groups to secure such insurance from private insurers, any effort to force private companies to continue without reduction of benefits after age 65, insurance taken out in earlier years, would involve an increase in premiums in the years prior to age 65 that would discourage many from carrying such insurance unless compelled to do so. Moreover, the citation of the extent of insurance carried by older persons fails to point out the limited benefits of such insurance and the extent of the total costs of illness still carried by the insured person. Nor do we see why a service, so universally needed by older persons and so readily capable of being financed by an extension of our existing tax-collecting machinery, should be burdened with the

additional costs inevitably involved if the writing of insurance is undertaken by competitive profit-making private insurance companies.

To extend our insurance protection in this way would remove a great specter of fear and uncertainty from our older citizens; it would ease the financial burdens of our state and local public welfare systems and from our private hospitals and welfare agencies, and it would greatly relieve the pressure on the federal government for financial assistance to the public assistance authorities.

ABOLISH DISCRIMINATORY TREATMENT OF CHILDREN

Our first priority, as indicated above, is an improvement and extension of the nation's social insurance system. Our second relates to public assistance. This committee has heard many suggestions from various witnesses for changes in the public assistance system. Like many others, we should like to see an increase in the federal matching maximum, the introduction of a variable grant that would give relatively more assistance to the poorer states, and a federal grant-in-aid program for general assistance. Yet there is one feature of our public assistance programs that seems to us to demand remedy even ahead of these other desirable changes. It is that we should eliminate the shabby and relatively disadvantageous treatment of children in our public assistance programs.

Ever since the Social Security Act was passed, the provisions for income for dependent children have been less favorable than those for the other categories. The matching maximum has been lower, the federal share of the cost less, and until recently even the numbers of persons in the family for whom federal matching was available were severely limited. Now it may well be that the cost of supporting a child is less than the cost of supporting an adult. But are we sure that it is less

than half that of an adult, which is what we imply when the federal matching maximum on the other categories is \$60 and only \$32 for the first child and a miserable \$23 for each additional child? And why do we assume that if it takes \$60 to support an aged or blind or disabled adult, it takes only \$32 to support a mother who is caring for even more scurvily-treated dependent children? How can a nation like ours, that prates of its concern for and affection for children, justify average monthly assistance payments in cash of between \$52 and \$66 per recipient for the aged, the blind, and the disabled, but only \$25.60 per recipient in the aid to dependent children families? What kind of a citizenry are we developing among the almost two million children whom we are forcing to subsist at this miserable level of living? How can we expect them to feel like other children, to be filled with the enterprise and sense of opportunity that we like to think of as part of our American heritage, to have a sense of belonging to a generous and expanding society?

Furthermore, no provision is made for federal sharing in the grant to a second adult relative in the family, despite the fact that in one-fifth of the families both parents are present.

Children are disadvantaged in our federally aided public assistance programs in yet another way. Aid is available under Aid to Dependent Children only if children are living with specified relatives and only if they are deprived of support by death, disability, or absence from the home of one parent. Hence these funds cannot be used to support the children of an unemployed worker unless he chooses to leave the home. (It must not be forgotten that some communities, as a matter of policy, do not grant general relief to families in which there is an employable individual, so ADC is the only possible recourse.) How can we justify a policy that encourages family breakdown in such circumstances?

Therefore, we urge that the first priority for any additional federal funds devoted to public assistance is to increase the federal matching maximum for adults in ADC families to the same level as for Old Age Assistance, Aid to the Blind, and Aid to the Partially and Totally Disabled, and to raise the matchable maximum for children to a level that is better calculated to assure them a standard of living of which the nation need not be ashamed and one more likely to enable them to develop into normal, healthy, and vigorous citizens. Furthermore, we urge that the Social Security Act be amended to provide federal aid for assistance to needy children regardless of the cause of need.

The best method of achieving this latter objective would be to adopt the proposals contained in the Forand Comprehensive Public Welfare Bill (H.R. 7831) which would make it possible for the states to develop a single, unified public assistance program providing needed cash income and services to families and individuals solely on the basis of need and regardless of age, physical condition, family relationship, or state of residence. The National Association of Social Workers strongly supports this bill in the belief that it would not only offer a more effective and less confusing method of meeting the needs of our less fortunate fellow citizens, but would also be simpler and less expensive to administer. Among other advantages it would enable us to use the already scarce supply of trained social service personnel to render more constructive services to assistance recipients, for they would have to spend far less time collecting data needed to establish eligibility or noneligibility for one or other of the existing, essentially artificial categories. But this bill, creating a unified, federally aided assistance system, while commanding so large a measure of expert support, involves an extension of federal responsibility since it would require federal aid for the present catch-all category of general assistance. For

Priorities for Public Welfare

some curious reason, the Congress in the past has not looked on this with favor, even though it need not necessarily have involved a greater total federal expenditure, for some of the increases in federal aid to the recognized categories that have taken place since 1946 might have been used instead to match general assistance.

If this unfortunate attitude to federal aid for general assistance persists (and one would have hoped that the increasing burden of support of the unemployed now falling on general assistance would have served still further to emphasize the need for federal aid to this residual category), the position of children might still be protected by an amendment to Title IV which would make any needy child eligible for ADC *regardless of reason for dependency* and we strongly urge this amendment if the provisions of the Forand bill are not adopted.

EXPANSION OF PREVENTIVE AND CONSTRUCTIVE SOCIAL SERVICES

Professional social workers have always held that the ultimate objective of public welfare services should be the elimination and prevention of dependency. While social science does not yet have the answers to all the social ills with which we social workers have to deal (poverty, inability to function as an independent member of society, family breakdown, and juvenile delinquency, for example), we already know far more than we are putting into practice. In many of our federally aided programs we have given token recognition to the fact that prevention and treatment are better than amelioration, but we are just not doing enough.

We know that among the almost two million children currently supported on ADC, nearly 60 percent are in families where the parents are estranged, where the father is divorced, separated without court decree, deserted, or simply not married to the mother. Here is a major challenge to our social order about which we are doing

almost nothing. The far-sighted action of the Congress in 1956 in authorizing a relatively small sum for research into the causes of this and similar social evils has not been implemented by appropriations. A corresponding authorization for training grants to increase the pitifully short supply of social workers who could help to bring some of these families together, to counsel and aid the children in such unfortunate families so that the effects of family breakdown would not be perpetuated in the lives of the next generation, to assist the aged and the disabled toward self-care and work in a constructive way with our perpetual hard-core problem families so that they might move toward independence and self-support—this authorization, too, has not been implemented by appropriations. The shortage of trained workers grows more acute yearly, and growing, too, are the numbers of those whom the nation supports in dependence. Perhaps the gentlemen of this committee can explain why a nation which is prepared to spend so many billions on meeting the income needs created by these social pathologies and which prides itself on its scientific attitude is unwilling to invest a few paltry millions in trying to eradicate the causes by research into their nature, and in trying to restore to normal living these broken families and incapacitated individuals. The riddle is one which members of the National Association of Social Workers certainly cannot answer.

Even in the programs already authorized for the care of mothers and children we limit the effectiveness of our national attack on the social problems involved by grudging appropriations and failure to develop an adequate supply of professional personnel to render needed services. The grants for child welfare services under Title V of the Social Security Act have been slowly increased to \$12 million annually and only now does it look as though this full authorization may be appropriated. But the total is far too small. As of June last year, only

half the counties in the nation had the services of full-time public child welfare workers, and this in the face of the known facts about family breakdown which I have already cited, the growing volume of juvenile delinquency, and the increasing tendency for mothers to enter the labor market.

We urge an increase in the authorization for such services up to \$25 million and we regard this not as an expenditure, but as a national investment in the citizens of the future.

We also believe that the limitation on the use of child welfare funds to rural areas should be removed. This clause, perhaps justified in 1935, when rural needs were particularly apparent and when we knew much less about the nature and distribution of the problem, now serves as a hindrance to the most effective use of these funds. The problem of delinquency appears to be more acute in our cities and large metropolitan communities than in the rural areas. Half of the ADC families live in metropolitan counties. If we are to give our children who are delinquent or in danger of becoming so the services they need, and which

the interests of the nation suggest they should have, the rurality limitation must be removed.

SUMMARY

At the beginning of this statement it was indicated that the National Association of Social Workers has many other recommendations to make regarding needed improvements of our social security system. The full text of these public policy positions is included in the document, *Goals of Public Social Policy*. We feel strongly, however, that some are more urgent than others and this presentation attempts to indicate those which we, whose professional life brings us in daily contact with these social problems, believe after study and careful consideration to be most important. We suggest three priorities:

1. Strengthening and expansion of our social insurance system;
2. Action to eliminate the peculiarly disadvantaged position of children in our public assistance programs;
3. An intelligent expansion of our preventive and constructive social services.

BY SYDNEY KORET AND BARBARA HARRINGTON

An Objective Method for Prediction of Casework Movement

IN RECENT YEARS it has become increasingly apparent to professional persons in the field of social work that the needs of the public—as evidenced by requests for service—far exceed the facilities available. The public is becoming increasingly aware of the nature and implications of emotional disturbance and the part this plays in the life of the individual and of the family. People are also becoming aware of the large number and variety of agencies available to provide help with these and related problems and feel freer to avail themselves of the services offered. At the same time professional persons in the various helping agencies are recognizing the vast emotional implications of the problems of their clients and are concerned that those needing extensive casework or other service have this available to them. Nowhere do we wish to provide a quantity of service without also at-

tempting to insure the effectiveness of that service, although efforts must be continued to make casework more successfully available to more people.

Realistically, the demand for such service far exceeds the means available to provide it, and there is little likelihood that the necessary funds and staff will be made available. Every agency in the broad field concerned with problems of an emotional nature is faced with the question of how to balance quantity and quality, how to meet demands with services that are effective. The waiting list has become a commonplace condition. Over and above considerations of limited funds and staff is the experience that there are clients who do not respond to casework regardless of the amount or quality provided. In every agency vast amounts of time and effort have been devoted to clients who have benefited little, if at all. At the same time, clients with possibly greater potential have often been lost during the waiting period or have not been able to receive the extensive services which they required. Therefore, some objective method of determining early in the course of contact that certain persons are not going to be able to benefit from the service would be helpful. This would enable agencies to exercise greater selectivity in the choosing of cases and to utilize their personnel more effectively.

Many agencies are making some efforts in this direction. In many mental health agencies where intensive treatment is undertaken, it has become necessary to make some estimate of success of treatment and to put effort into the selection of cases on the basis of prognosis. It has also been

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Despite the limitations of the study (some of which are noted by the authors on page 49), the Editorial Board feels it of utmost importance to make known to its readers beginning efforts such as these with the hope that these will stimulate other agencies to explore more objective measures and undertake research along similar lines. The editors look forward to the time when the authors of this study will be in a position to report a further refinement in the method of prediction, including the development of a quantifying scale.—Ed.

necessary in the field of psychiatric services for children where facilities available do not even begin to meet the demand. Experience in the latter field has shown that one of the major causes of failure in the treatment of the child is the untreatability of the parent. Much time and effort can be poured into a case with disheartening results unless the mother can be reached through casework. Thus some selectivity is often exercised in the choosing of cases on the basis of probable treatability of the mother.

Unfortunately, such selectivity as is now exercised is usually done by the social worker on the basis of highly subjective, even though skilled and experienced, judgment. Experience has indicated and studies suggest that the subjective judgment of the social worker is not a reliable method of prediction of eventual outcome of casework treatment.¹ On the basis of our present knowledge, and with the lack of any clearly defined and clinically tested criteria, it is often difficult to assess in the early stages of intake or treatment the likelihood of success or failure. Moreover, when we come face to face with a person who needs help, especially a child, it may be difficult to assess the situation objectively and to avoid allowing the countertransference and rescue fantasies to determine acceptance of the case. How often with the benefit of hindsight do we recognize that casework with a particular client has not produced any positive results and wonder why we did not see earlier in the client the personality characteristics that prevented any movement.

THE RESEARCH PROJECT

Based upon the belief that the personality characteristics affecting casework movement are factors that can be isolated and examined, a study was made at the Emma Pendle-

ton Bradley Hospital in 1954 to determine whether the projective test patterns of mothers being seen in casework would show a differentiation for those who were showing movement from those who were not. The Bradley Hospital is a residential treatment center for emotionally disturbed children from 4 to 12 years of age. When plans are being made for a child's admission, arrangements are also routinely made for the mother to receive psychological testing. Thus psychological test results are available for the mothers of all children admitted to the hospital since 1952.

In the study of projective test patterns of mothers of these children, the first nineteen cases were selected and rated for movement according to the Hunt-Kogan Movement Scale.² From this scale it was established that twelve of the mothers fell in the "movement" group (defined by the authors as movement in a positive direction) and seven were in the "nonmovement" group (those where no change was shown or where movement was in a negative direction). It became of prime importance to provide a pattern of interdisciplinary research with social worker and psychologist utilizing the services of each other and drawing from each other's knowledge. The projective tests of these mothers were then studied to see whether a pattern would appear differentiating the movement and nonmovement mothers. The personality dimensions selected for evaluation from projective tests arose from casework principles relating to the availability of the client for treatment. It was assumed that movement could be expected from a client who (1) was seeking help, (2) showed a capacity to form a relationship, (3) had the ability to tolerate a degree of anxiety, and (4) had the ability to work within the function of the agency.

Thus the assessment of personality was around three categories relating to the above assumption:

¹ Morris Krugman, "Rorschach Examination in a Child Guidance Clinic," *American Journal of Orthopsychiatry*, Vol. 11, No. 3 (July 1941).

² J. McV. Hunt and Leonard S. Kogan, *Measuring Results in Social Casework* (New York: Family Service Association of America, 1950).

Predicting Casework Movement

1. Ego strength, which includes the individual's capacity to maintain a stable or flexible defense in the face of strong drives, the ability to maintain reality contact and to show sufficient freedom to do associative thinking, the capacity for delay of impulsive reactions and for tolerance of anxiety if immediate expression is blocked, and the capacity for sublimated channels for expression or release of feelings.

2. Emotional energy or drive, which refers to the individual's capacity to invest libidinal energy in objects outside of himself. It is dependent upon the subject's sensitivity to the feeling of others and his capacity to empathize with them. It involves a tolerance for instinctual drive and is related to ego strength. It is further related to the individual's emotional reactive capacity for external stimulation.

3. Attitude toward self and others, which refers to the subject's acceptance of sexual and aggressive drives. It also includes the subject's feelings of adequacy, his attitudes toward parental figures, and his tolerance for independence.³

The study of the psychological tests of the nineteen mothers showed that five of the seven nonmovement cases exhibited marked consistency in their personality structures. The two remaining mothers in this group showed personality difficulties similar to each other but different from the other five, and different from the members of the "movement" group. Of the twelve mothers in the movement group, nine showed consistent characteristics which differentiated them from the nonmovement group. The three remaining subjects of the movement group showed consistency in their divergence from the major movement group. The results of this study were subjected to statistical analysis and the differences between the groups were found to be statisti-

cally significant. Thus the authors reported that the nineteen mothers fell into a continuum with nine parents forming a homogeneous group who had clearly moved during casework and five cases forming a second homogeneous group who had not moved during casework. In between were five cases which fell into a twilight zone where selection could not be definitely determined on the basis of test results.

CASE ILLUSTRATIONS

The following case summaries will illustrate the movement and nonmovement groups. The description of Mrs. King illustrates the kind of personality seen in initial casework contacts with the mothers who showed movement during casework.

Mrs. King was the 35-year-old mother of Andrew who was admitted to the Bradley Home in August 1954, at the age of 8. At the time of Andrew's admission, the family unit had consisted of Mr. and Mrs. King and Andrew. This was Mrs. King's second marriage; her first marriage was to Mr. Roberts, Andrew's father. The first marriage had ended in divorce after five years but from the start had been unsatisfactory. For the first two years Mr. Roberts had been in the service and Andrew was born while he was away. For the next two years he was unemployed and was supported by his wife. Finally he left her. During all this time Andrew and his mother were living with her mother-in-law, Mrs. Roberts. The mother was working and Andrew was being cared for by the mother-in-law and alternately a large number of baby sitters. One year after her divorce, the mother married again, to Mr. King. Mr. King was fond of Andrew and legally adopted him. After living with Mr. King's parents for six months, the family moved to their own home. Three years later, Andrew, whose behavior problems had been becoming increasingly difficult over the years, was admitted to the Bradley Home.

³ Sydney Koret and Eli Z. Rubin, "Utilization of Projective Tests as a Prediction of Casework Movement," *American Journal of Orthopsychiatry*, Vol. 27, No. 2 (April 1957), pp. 365-374.

Initially Mrs. King came in for casework interviews very reluctantly and related in a hostile manner. She was seen as a very intelligent person, with many obsessive-compulsive features as indicated by her need to drive herself both at work and in the home. She was meticulous and a perfectionist in both of these areas. She was afraid of her dependent needs and handled this by trying to maintain her independence in such ways as working. Here, however, her own needs to compete and to be perfect, and her concerns over her feelings of inadequacy, interfered with her functioning. She was not happy with her job, but her feelings of inadequacy prevented her from attempting something new. Mrs. King also had to be in control, both of herself and of others. She had a very strong need to control her emotions and concomitantly could not accept any display of emotions from others, including Andrew. She was not able to accept her role as a mother or to offer maternal support to Andrew.

Mr. and Mrs. King appeared to have made a satisfactory adjustment in their marriage. He was regularly employed in a job which he enjoyed. The economic situation was adequate and they were living in a good residential area in a tenement which they found satisfactory. They had been wanting a child of their own since their marriage but Mrs. King had been unable to follow through on getting the medical treatment necessary to achieve this.

Mrs. Moran illustrates the personality pattern seen in initial casework contacts with mothers in the nonmovement group.

Mrs. Moran was the 29-year-old mother of James, who was admitted to the Bradley Home in January, 1954, at the age of 8. At the time of admission, the family unit consisted of Mr. and Mrs. Moran, James, and Robert, who was two years younger than James. The family was functioning adequately as far as finances were concerned; Mr. Moran changed jobs frequently but was always able to maintain the support of his family. Mr.

and Mrs. Moran seemed to have a fairly good marital relationship although Mrs. Moran was operating at an extremely immature level. Mrs. Moran had unresolved conflicts around her own parents, especially her mother, which prevented her from functioning in a more mature manner. She related to her husband in a very dependent fashion and her relationship with her sons was more like that of a sibling than of a parent. She was unable to discipline her sons fearing that if she did so they would not love her. She had feelings of unworthiness, insecurity, and inadequacy which interfered with her social functioning, in which area she was greatly dependent upon her husband for support.

She had achieved a level of adjustment—based on the immature, dependent relationship with both her mother and her husband—which was comfortable for her and about which she had little anxiety. The only things that she viewed as unsatisfactory were situations in which her own personal needs were not met. However these were anxiety-provoking only as long as they were acute, and they quickly lost their importance as problems to her. With regard to difficulties between her mother and husband, she carried on in a very conciliatory fashion, merely trying to avoid controversy and to keep peace. She reacted to the casework situation by avoiding it through missing appointments, and when she came in, made effort to avoid any discussion around James.

TESTING THE PREDICTIVE DEVICE

This study produced an objective device which has since been used by the psychologists at the Bradley Hospital in determining the movement potential of the mothers. The actual numerical equivalents for Rorschach variables used may be found elsewhere.⁴ On the basis of this, some mothers were considered to fall within the group where movement would take place during

⁴ *Ibid.*

Predicting Casework Movement

casework, others were considered to be in the nonmovement group, and still others could not be definitely classified. In the spring of 1957 a study was made to test the validity of the above method of predicting movement during casework.⁵ The original study began with the judgments as to whether the mothers involved showed movement or nonmovement during casework, and then drew from the projective tests of the two groups of mothers patterns differentiating them. The second study began with the predictions of movement made by the psychological testing device. Then the individual cases were judged for movement to learn whether the predictions were borne out.

In this second study fourteen cases were selected and were judged for movement according to the Hunt-Kogan Movement Scale. A comparison was then made between the predictions and the actual movement shown by the mothers. Of the fourteen cases, the psychological reports predicted that six would show movement, five would show no movement, and three were in a middle group about which a definite prediction could not be made. When these fourteen cases were judged for movement according to the Hunt-Kogan Scale, it was found that eight cases showed movement and six cases showed no movement. Five of the six cases which were predicted to show movement did so, and two of the indefinite group also showed movement. Four of the five cases which were predicted to show no movement were judged to have shown no movement. This meant that only two cases did not bear out the predictions made on the basis of psychological testing; one case predicted for movement was in the nonmovement group, and one case which was expected to show no movement

fell in the movement group. Considering only the cases where a definite prediction could be made, these predictions were found to be 82 percent accurate. Thus, indications are that this psychological device is a valid and useful method of predicting movement during the course of casework.

LIMITATIONS OF THE STUDIES

There are several limitations implicit within these two studies. One is that the number of cases used is not large and therefore no definitive conclusions can be made. However, this is an initial effort in the direction of searching for more objective methods to predict casework movement and, although further work certainly is needed, it seemed to the authors that this early report, with results that point toward the validity of the method used, would be useful to others concerned with this problem. With regard to the number of cases used, there was a total of thirty-three cases involved, nineteen in the original study from which the predictive device evolved, and fourteen in the follow-up study which seemed to indicate the validity of the device. Because of the small annual turnover in patients, and therefore in mothers seen in casework at the Bradley Hospital, this was the total number of cases qualifying for study at the time. However, this is an ongoing project and it is hoped that further study with additional cases will provide more positive validation of the predictive device.

Another limitation is the fact that the studies were carried out in a specific setting, a residential treatment center, and it is possible that the setting itself affected the results. However, it would seem that the personality structures of the individuals who were not amenable to casework treatment at this residential treatment center would be similar to the personalities of people encountered in other types of settings, and who could be rejected as having

⁵ Barbara H. Harrington, *A Study of a Psychological Device for the Prediction of Movement During Casework*. Unpublished thesis, Simmons College School of Social Work, 1957.

poor prognoses. Both these limitations could be overcome through study of additional cases in different types of settings. Another factor which should be taken into consideration has to do with the Hunt-Kogan Movement Scale itself. This scale is a judgment of movement that takes place during the course of casework treatment, rather than as a result of casework, and extraneous factors can play a role in deciding whether movement takes place. On the whole, though, it was felt that the scale provided a reliable means of judging movement even in this particular setting. One other limitation recognized by the authors of these studies was the fact that some mothers could not be classified by the psychological device and had to be placed in an "indefinite" grouping with no prediction as to movement. It would seem that further research is indicated to refine the method of prediction so as to allow for more precise classification of this middle group.

IMPLICATIONS FOR INTAKE

On the basis of the above studies it seems that the psychological testing device produced and tested is a valid means of predicting movement during casework. It provides an objective means of facilitating the selection of clients at intake. Depending upon the needs and wishes of the agency, it allows for the rejection, through reliable criteria, of obvious nonmovement cases, or, at the other extreme, the selection of only definite movement cases. Thus the prediction of the psychologist becomes a valuable tool for the intake worker in his determination of whether a client is a good candidate for casework treatment.

CASEWORK CRITERIA

The original study done with the projective tests of the mothers involved brought forth quite clearly defined descriptions of

the personality structures of the movement and nonmovement mothers. This material should provide a means by which the intake worker, in the absence of psychological testing, or if testing is not feasible, could come to some more objective evaluation of potentialities for movement during casework.

The testing provided the following quite clear-cut criteria differentiating the main nonmovement and movement groups. The subjects in the nonmovement group displayed most prominently very strong and rigid inhibition, using repression as an almost exclusive mechanism of defense. They were unable to tolerate the anxiety that resulted from frustration of their drives and showed an absence of emotional energy available to invest in object relations. They did not have adequately mature channels for release of feelings. Consequently, they were unable to empathize with others, look to them for satisfactions, or even display a sensitivity to their environment. They were unable to maintain critical judgment or to test reality in keeping with their intelligence. They did not think along the lines of others and in fact were quite limited and stereotyped in their thinking. They feared and expected rejection from others and could not enter into a positive sexual expression. They could not tolerate fantasies of rebellion against the family.

The subjects who showed movement in casework differed markedly from the nonmovement group in their personality structure. Although these subjects, too, indicated maladjustment, they were definitely capable of emotional interactions. Although they showed weakness in ego by their immaturity of emotional expression, they had mature channels for release of feelings and so were capable of tolerating delay. They showed guardedness and caution in their emotional interactions but were still reactive to the environment and were able to maintain critical judgment and reality awareness to a more adequate degree than those in the nonmovement category. They

Predicting Casework Movement

avoided others and were ambivalent to them rather than totally rejecting. There was a definite longing for a relationship even though rejection was feared. The mothers tended to assume a passive role toward males, but in so doing were partly accepting of sexual feelings. Fantasies of rebellion were strong and accompanied by guilt, but were tolerated.

The subjects in the indefinite intermediate group were not so clearly differentiated and although there were consistencies binding them to the movement or non-movement groups, these were not so clear-cut as to be of value in any attempt to make a more objective evaluation of potentialities for movement.

On the basis of the above it now seems possible for the caseworker in the course of intake or during the early stages of contact to make a fairly objective decision as to whether or not the client can be expected

to show movement during treatment. Certainly the criteria cited are such that the caseworker can observe their applicability to the particular client, can weigh the degree of operation of these factors in the personality structure of the client.

In an attempt to use the above descriptive material in an even more definite manner and to provide an objective means for the caseworker's determining potentialities for movement, work can now be undertaken on utilizing these criteria in a quantitative form. A scale, based on these research findings and clinical experience, can be drawn in a form where an evaluation may be made by an intake committee without the necessity of psychological testing, which often is not readily available. The ingredients are now available and need only translation into verbal scale form, with testing for reliability and validity. Such a scale is planned as a part of future study.

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BY RALPH W. MORGAN

"Completed Staff Work" in Social Service Administration

MODERN AMERICAN SOCIAL work holds as one of its ethical principles that human institutions exist to serve the individual rather than the other way around. To this end the profession of social work has firmly oriented itself toward client service and has developed effective problem-solving methods to deal with a wide range of human needs.

In its increasing maturity, however, it appears that social work is beginning to turn some of its problem-solving abilities in its own direction. The recent heightened activity of social workers functioning in the research role is good evidence of this. It is the purpose of this paper to suggest that social work administration as an important professional process is in need of adopting a formalized problem-solving method comparable to that found in the practice of casework in the diagnosis and treatment of client problems. After all, social work administration is also constantly engaged in solving problems. As yet, however, it has no systematic and readily teachable problem-solving method with which its practitioners can consistently approach the many problems with which they deal on a day-to-day basis. It is proposed that the U. S. Army concept of "completed staff work" be considered by social service administrators as a possible solution to this need.

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The concept of completed staff work, like many good ideas, is simple to state, but difficult to understand and practice initially by those who have had no previous training or work experience with it. Briefly put, it consists of the study of a problem and the presentation of a solution by a subordinate to his superior in such a complete form that the superior may, if he wishes, simultaneously adopt the plan and put it into effect by signing a document that has been attached to the study as an annex. The completed staff action itself ideally should consist of a single page with whatever detailed explanations considered necessary attached in the form of annexes and tabs.

The concept of completed staff work was developed in the U. S. Army where commanders are held solely responsible for everything their units do or fail to do. In large commands, such as overseas theaters of war, it is obvious that a commander has a great many complex decisions to make. Moreover, the chronically emergent nature of war requires not only many decisions, but quick ones, expeditiously carried out. It was conditions such as these which led to the development of an administrative system whereby matters requiring a commander's decision could be presented in a form which is brief, but at the same time sets forth all the pertinent facets of the problem together with recommendations for a solution and plans for execution. The time of the commander is thus conserved, both in the decision-making process and in the execution of the plan.

The form of the completed staff action consists of the following paragraphs:

1. *The Problem.* The single problem

Social Work

Completed Staff Work in Administration

which is to be studied is stated in a brief sentence.

2. *Facts Bearing on the Problem.* In this paragraph all pertinent facts relative to the problem or its solution are listed. Unnecessary facts are not included since they becloud the issue.

3. *Discussion.* In this paragraph the possible solutions to the problem are set forth together with a brief discussion of their advantages and disadvantages. Care must be taken that each item is placed in the proper perspective.

4. *Conclusions.* Here the conclusions drawn from the preceding analysis are presented concisely.

5. *Action Recommended.* The action recommended must be consonant with the conclusions. The action must also be complete. For example, if it is recommended that a certain letter be sent, then a letter ready for the executive's signature is drafted and attached to the study as an annex or tab.

6. *Closing.* The closing consists of the signature, a listing of annexes or tabs, and initials of other officially interested staff members who have concurred or not concurred with the study.

7. *Summary.* When the problem is a lengthy and complex one, paragraphs 2, 3, 4, or 5 may be but bare summaries of the information contained in the annexes or tabs attached to the study. In this paragraph a summary of these is given together with the cross-reference to the annex or tab in the appropriate paragraph.

APPLICATION TO SOCIAL SERVICE

The concept of completed staff work has already been adopted by several large non-military organizations, among them the federal Department of Health, Education and Welfare. In small social service offices or agencies with their typically informal interpersonal staff relationships, this concept may at first glance seem unwieldy and inappropriate. The Commissioner of Social

Security, Charles I. Schottland, however, answers this argument by a collection of ten brief interoffice memos between a director and the assistant director of a small social work agency about a minor administrative problem which clearly illustrate a situation in which the concept of completed staff work could have been used to great advantage. The verbatim record of the original transaction follows, together with an example of a completed staff action which could have been more profitably employed in the resolution of this difficulty. (Only the names and dates have been changed—in order to protect the guilty!)

January 5, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Chief File Clerk—Miss Smith

This will confirm my conversation about the unsatisfactory work of Miss Smith. Do you think you ought to send her a letter so that the matter may be in writing?

January 6, 1942

TO: Assistant Director
FROM: Director
SUBJECT: Miss Smith

Re: Writing a letter; what is your recommendation?

January 7, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Miss Smith

In response to your memo asking for my recommendation in the above matter, I recommend you send her a letter outlining her unsatisfactory performance.

January 10, 1942

TO: Assistant Director
FROM: Director
SUBJECT: Miss Smith

With reference to a letter to Miss Smith, the details are vague in my mind. What points should be included?

MORGAN:

January 11, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Miss Smith

Re: Your memo of January 10, I suggest the following points:

1. Her habitual tardiness.
2. Her refusal to follow orders.
3. Her time-consuming personal telephone calls.
4. Her time-consuming personal letters which she writes.
5. Her misfiling of materials.

January 14, 1942

TO: Assistant Director
FROM: Director
SUBJECT: Miss Smith

I think the points in your memorandum of January 11, cover the subject. Will you prepare the letter for my signature?

January 15, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Miss Smith

Attached find letter to Miss Smith as directed.

January 16, 1942

TO: Assistant Director
FROM: Director
SUBJECT: Miss Smith

I have signed the letter. Before forwarding to Miss Smith I want to be sure we are prepared to follow through in case she is uncooperative. Do you have any ideas?

January 17, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Miss Smith

Re: Your memo of January 16, I believe that she will resign upon receipt of your letter. If she does not, I shall share with her our mutual feeling and try to see to it that her performance is improved.

January 20, 1942

TO: Assistant Director
FROM: Director
SUBJECT: Miss Smith

I have released the letter. If we get an explosion, she's your problem. Good luck!

Let us now compare the foregoing with an example of how this problem could have been met with a completed staff action.

January 5, 1942

TO: Director
FROM: Assistant Director
SUBJECT: Chief File Clerk—Miss Smith

1. *The problem.* To determine how the problem of Miss Smith's unsatisfactory job performance can be resolved.

2. *Facts bearing on the problem*

a. It has been necessary for me to speak with Miss Smith on several occasions about the following deficiencies: habitual tardiness, refusal to follow orders, time-consuming telephone calls, time-consuming personal letters, and misfiling of materials.

b. I have noted no improvement in respect to these deficiencies since my talks with Miss Smith.

3. *Discussion*

a. Advantages in writing a letter to Miss Smith setting forth her unsatisfactory performance.

(1) The agency and Miss Smith should have a written record of this matter.

(2) Since verbal warnings have been unheeded, a letter from you will constitute a positive step in resolving this problem either through Miss Smith's resignation (which I expect will occur when she receives the letter), or a positive change in her attitude and work habits.

b. The only disadvantage in writing a letter to Miss Smith is the possibility that it may precipitate a tantrum in the office. I am prepared to handle this eventuality by sharing with her directly our mutual feelings, and in the event she chooses to remain, to see to it that she uses this letter to improve her performance.

Completed Staff Work in Administration

4. *Conclusion.* That a letter from you should be sent to Miss Smith detailing her job deficiencies.

5. *Action recommended.* That the attached letter be signed and sent to Miss Smith.

(Signed) ASSISTANT DIRECTOR

Enc. (Letter to Miss Smith)

A comparison of these two methods of administrative problem-solving reveals the following immediate, tangible results which would have accrued to the agency had this matter been handled in accordance with the completed staff work concept:

No. of days saved in handling problem: 14

No. of interoffice memos *not* written by director: 5

No. of interoffice memos *not* written by assistant director: 4

It will be noted that the one completed staff action is longer than any of the five short memos otherwise written by the assistant director, but the expeditious handling of the problem and the obvious saving of the director's time far outweighs this small factor. As the concept of completed staff work is practiced, the disciplined pattern of problem-solving which it induces speeds up the process to the point that the more lengthy single completed staff action may actually take less time than a single one of the usual multitudinous short memos which cause delay, fragment the problem, and make its solution more difficult. Nothing is quite so conducive to speedy writing as a firm grasp of all of the pertinent facts of a problem arranged in proper sequence. The concept of completed staff work thus expedites those efforts which must be made, and obviates the needless work which results from a disjointed, piecemeal consideration of the problem at hand.

The closest analogy to a piece of completed staff action in social work is the caseworker's diagnostic and treatment summary. Just as such summaries help the caseworker in his diagnostic thinking, so should the completed staff action help the social work administrator in his problem-

solving efforts. Perhaps the social worker's orientation toward serving the client, rather than toward serving the organization, has inhibited the extension of the scientific, problem-solving approach of casework to the administrative problem area. It is obvious in the cited case that neither executive had really thought the problem through at any one time. Yet had this been a casework problem of terminating service to a client, in all likelihood it would have been thoroughly thought through before action was initiated.

SOME OBJECTIONS—AND ANSWERS

In suggesting that the concept of completed staff work be adapted to social service administration some consideration must be given to the present practices and cultural values of the social work profession. Is there anything in this concept, derived as it is from military experience, which might run counter to the individualistic, humanitarian orientation of social work? Some possible objections and answers to these need examination.

To the usual overworked social service executive, whose day-to-day work has prevented long-range planning, the concept of completed staff work should have an immediate appeal. It saves his time and usually facilitates more valid decisions. But what of the overworked junior executive who writes the problem analysis and who drafts memos and letters that may never be sent? What does the practice of completed staff work mean to him?

It is true that in some cases completed staff work will mean more work for the subordinate. In preparing complete implementation for every problem study he submits to his superior, he inevitably does see some of his recommendations rejected. There is some waste motion in all human organizations, but from the viewpoint of good management it is much more economical to confine the waste motion as much as possible to the lower echelons of the or-

ganization. There are, nevertheless, gains in the process for the subordinate which far outweigh the inevitable occasional still-birth of his research and literary efforts. These gains may be summarized as follows:

1. There is the gain which comes in creativity and fuller self-realization because of the disciplined weighing of all factors and the prior planning which the accomplishment of completed staff action imposes.

2. The use of completed staff action prepares the subordinate for the responsibilities of a higher order by causing him to anticipate and attempt to solve the administrative problems that are the actual responsibility of his superior. The experience gained in the problem-solving process is never a total loss, even though the particular recommendation made was not accepted.

3. Ideas of real merit are more readily bought by superiors if presented in this manner than if they are imbedded in an undifferentiated mass of memoranda.

4. An overworked superior is a frustrated superior, and frustration leads to aggression—usually directed downward! Completed staff work results in a distinct lessening of the frustration inherent in the decision-making process, since it provides the executive in a succinct form the facts he needs to make his decision, and also the complete implementation of the decision if he adopts the recommended course of action. Furthermore, completed staff work protects the busy executive from the frustration of voluminous memoranda, impractical solutions, and ill-thought-through suggestions based on erroneous or incomplete information.

It may be suggested that boards of directors and top executives may not like being confronted with a completely worked out plan in which they have not participated. Actually, junior and senior executives as well as board members would have to learn to use this system if it is to be effective. While a completed staff action may originate with a junior executive, it may be a project assigned him by his chief. At any

rate, completed staff work does not take place in a vacuum. Prior to initiation of the staff action, conferences may be held with superiors and other interested staff members can and should be consulted. The concept of completed staff work stresses the idea that the subordinate should not keep asking advice of his senior about how to proceed. He must collect the facts, analyze them, and devise himself how his own recommendations can best be carried out.

Some executives fear that a careless or a disgruntled subordinate, in presenting incomplete or biased information, may use the completed staff action with its objective appearance to induce a superior to take an unwise or dangerous course of action. It must be realized that completed staff work is not a panacea for problem personnel, but a plan for problem-solving and an administrative tool. As is true of any tool, completed staff work can produce results only as good as the integrity and skill of the workman who uses it.

Another objection which is sometimes offered is that the concept of completed staff action tends to oversimplify complex problems and that serious administrative errors could result from this. In the field of human relations, especially, there is a real danger in this regard.

It is true that the first page of any completed staff action is a simple document, but if the problem is a complex one there will be many annexes, subannexes, and tabs providing detailed backing of the short analysis on the first page of the action. Completed staff work is thus in conformance with current learning theory in that it provides the executive with an initial, over-all view of the problem from which he can move, step by step, into the complexities of the detail contained in the annexes and tabs. The executive is thus enabled to advance from the easy to the difficult, from the simple to the complex, and from the known to the unknown. It is again, however, a tool and provides no built-in protection against an executive with bad judgment.

Completed Staff Work in Administration

The central value of professional social work is that of the worth and dignity of the individual. There is a growing awareness among thoughtful Americans generally, however, that the human institutions in which we work, worship, and play have insidiously arrogated to themselves much of the discretion and judgment which in the last analysis can only be the responsibility of the individual. In literature such as *The Lonely Crowd*¹ and more recently in William H. Whyte, Jr.'s *The Organization Man*,² the thought and initiative-paralyzing nature of this cultural phenomenon is set forth in detail. In the field of professional social work the recent literature which points out the traumatic nature of interminable close supervision is a facet of this growing insight.³ In the inter-office memos cited above we saw how a director and an assistant director of a social service agency moved at a painfully slow pace toward a decision. Much of the slowness of the pace appears to result from the reluctance of each person to suggest a course of action without repeated communication with the other. In Riesman's terminology both individuals appear to be "other-directed" to such an extent that a severe work inhibition resulted. The use of the concept of completed staff work tends to encourage individual initiative and responsibility and should result in a greater effectiveness both for the individual and the organization.

CONCLUSIONS

The need for the adoption of a formalized problem-solving method by social work administration has been examined. The Army concept of completed staff work has been suggested as an answer to this need and an example is given of how this con-

cept might be applied to a social work administrative problem. Some possible professional objections to the concept of completed staff work have also been considered.

It is the conclusion of the author that this concept should be introduced experimentally into social work administrative settings and that the results of a period of fair trial be analyzed and reported. It is believed that the following gains would result:

1. Social work administration would acquire a badly needed, formalized problem-solving method adapted to its needs.

2. It would add significantly to the personal dignity and feeling of worth of social service staff members through the professional growth and job satisfaction derived from their increased creativity and opportunities to express a self-dependent individual responsibility.

3. Top agency executives would be enabled to arrive at sounder administrative decisions more quickly, and because they were being freed to some degree from the constant pressure of administrative detail, they would in turn find a proportionately greater self-realization in assuming their proper professional roles as leaders and planners of social service.

4. Most important, the resulting interaction of the foregoing factors should result in the improvement of professional services to clients and communities through more effective social work administration.

¹ David Riesman, *The Lonely Crowd* (New Haven: Yale University Press, 1950).

² New York: Simon and Schuster, 1956.

³ Charlotte G. Babcock, "Social Work as Work," *Social Casework*, Vol. 34, No. 10 (December 1953), pp. 415-422.

BY ARTHUR FARBER

Noninstitutional Services for the Aged

THE FACTS ABOUT the growing rate and numbers of our aged population, and the ways in which our American industrialization have created changes in the three-generation pattern of family living are by now familiar to all social workers. They have drawn attention to the need for new approaches, new programs, new services for the aged. Noninstitutional programs have been born not because of some ideals dreamed up by social work "eggheads"; rather, solutions outside the institution have been sought because the cost of hospital care has mounted to astronomical proportions, because of overcrowding in homes for the aged.

Before examining the specific types of services that are possible in community agencies, we should remind ourselves that no one resource will provide all the answers. At times we tend to become overexcited about the effectiveness of a particular service, and replace the previous pessimism about work with older people with a "bandwagon" approach which engenders false optimism. Those who have witnessed the thrilling things a day center or Golden Age Club can do in transforming a group of people and literally returning them to living have endowed this group work and recreational service with the magic of being

"the answer." There are enthusiasts for foster homes for the aged as a means of allegedly replacing the institution and providing the "ideal" living arrangements for all older people. There are enthusiasts for home care programs under hospital auspices.

However, what appears most important is the need for over-all community planning and co-operation among public and private agencies. More than one community has had all the component parts of a good plan—but did not put them together.

Historically, practically the only service offered to older people by the community was its institutional program with the community salving its conscience by depositing its more dependent, feeble aged in a home for the aged. With the new developing clinical and rehabilitative approach, some now see the home as the center of all activity for the aged.

The home for the aged is no longer the exclusive and removed place on the outskirts of town that it used to be. It is becoming one of a network of resources in the community designed to meet the spectrum of needs of older persons. The institution is gaining definition as a social agency which provides a protective environment for those aging individuals who for physical and/or emotional reasons are no longer able to live by themselves or with their families. The home (as a basic part of its program) attempts to provide individualized services, and an opportunity for each resident to live as independent a life as may be possible within the limits of his capacities and the congregate living situation. Persons now being admitted into homes are generally

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Services for the Aged

a sicker and older group than before. The function of the home and its services necessarily needs to keep pace with this change in the characteristics of its population by providing not only for the ambulatory healthy group but for the chronically ill and mildly emotionally disturbed as well. It follows that increased attention needs to be devoted to the development of medical, nursing, and social services in the institution.

In many communities new institutional facilities have been built. The most frequent pattern, where an adequate number of beds exist, is for almost total reliance on the institution for aged and/or chronically ill care. There are instances where there are not enough beds or where there are not provisions for the specialized care required by those in need of medical and nursing services. Oddly, there are even examples where a community may have too many beds.

Social agencies share the basic responsibility to find the ways and means to help more older people stay on in the community. It is a fallacy to believe that all the problems can be effectively resolved through the institution. In fact, some problems are created by persons who go into the institution and who do not require this specialized type of resource. Most people have not been accustomed to living in group situations and when they grow older, if they knew of ways of being able to manage, would prefer living in circumstances more like those they have known.

One of the traditional roles of the family agency has been that of demonstrating a service by means of a so-called pilot project. The voluntary agency can hardly justify itself in duplication of services available elsewhere in the community, nor can it realistically meet mass need. Dr. Hinenberg, medical care consultant of the Federation of Jewish Philanthropies of New York says that, "Services under governmental auspices are the foundation for all

voluntary philanthropic services in this field. The needs of many people will be met only by governmental financing of services. The conditions of public agency service also affect voluntary agencies. Boards and staffs of agencies should give continuous attention to standards of public agencies and to legislation affecting health and welfare services."¹

States such as New York and California have pioneered in giving community leadership to planning for the aged. Recently Pennsylvania has been taking action on an over-all program that sounds quite interesting. We are informed that they are stimulating local community planning to "Provide a constellation of programs for aging people designed to prevent or postpone the deterioration which requires institutional care," and "to establish devices for further discrimination in the use of institutions." "The chief impact of the Department program, it is hoped, will be to stimulate local communities to develop homemaker and other noninstitutional programs to assist aging persons to continue in their own homes, those of their relatives, or in boarding homes. Such a program will not only help prevent personal deterioration of the individual, it will also lighten the growing burden of expense resulting from the greater and greater load that is being placed on the facilities of mental hospitals, nursing homes, and domiciliary and convalescent institutions."²

WIDE RANGE OF SERVICES POSSIBLE

Let us now look at some of the services that other communities have found to be helpful in dealing with problems of older people.

¹ Morris Hinenberg, "Community Responsibility for the Chronically Ill." Address delivered at the General Assembly of the Council of Jewish Federations and Welfare Funds, Inc., Chicago, November 1955 (unpublished).

² *Aging: A Community Responsibility and Opportunity*, Department of Health, Education, and Welfare Publication No. 26 (Washington, D. C.: U. S. Government Printing Office, 1956).

No agency needs to take, intact, the demonstrated services of other agencies, but there is value in examining critically what the special needs are for one's own community, and what an agency is ready to invest in terms of work and money. Should these services be given under the auspices of the home for the aged, the hospital, the private, or the public agency? The answer is, of course, that they have been given in a variety of settings. Each community has to decide which agency can best sponsor a particular service.

We can with logic point to the traditional function of the family agency as dealing with the preservation of life in the community and, also, practically speaking up until now, casework skill has for the most part been located in this setting. Casework know-how can be, and is beginning to be, purchased by institutions. There may be some genuine advantages in the built-in integration of services when one agency—the home—has responsibility for both intra- and extramural services permitting an easier flow of clients back and forth between institution and noninstitutional service in accordance with the client's real need. But whether the family agency or the home for the aged sponsors such programs is really less important than that such a service be developed and made available in many more communities than is now the case.

Noninstitutional services have been developed and provided for by differing professional and nonprofessional personnel. Sponsors of programs have included public agencies, private voluntary agencies, communal organizations, and commercially run ventures. A random enumeration of some of what has been done would include hospital home care, group work and recreation programs, residence clubs and boarding homes, geriatric diagnostic centers, and other programs which virtually cover every aspect of aging, employment, health, housing, recreation, and education. In this paper we shall consider the battery of services possible in the family agency.

Family agencies are seeing more and more aged clients, and are offering such services as counseling, homemaker service, foster care, employment counseling, skilled referral services about other community resources, group counseling, psychiatric diagnosis and treatment, friendly visiting, family life education, and direct financial assistance for specialized needs.

The Jewish Community Services of Long Island, a multiple-service family agency on whose experience this paper is based, found that specialization has demonstrated not only more quantitative help to the aged, but has provided a qualitatively more effective service. Because of the prevalent negative attitudes toward the aged, some form of departmentalization appears to be necessary if the aged client is to obtain the service he deserves. We all know instances in the undifferentiated agency where older persons have been served and well. However, the trend in most generalized family agencies is to shunt aside the older client by giving him to the student as the "easy" case; or taking too literally the presenting request for service; or not following through as one might with a client whose situation appears more interesting or urgent. Because of shortage of staff, clients may be in competition for the worker's time and marital or parent-child problems may have more appeal to the worker—the social worker, unfortunately, is not immune to the elder-neglecting virus which is widespread.

HOMEMAKER SERVICE

In the search to find ways to help the aged stay on in the community, homemaker service is an important one in the battery of approaches. It is a combination of practical nursing and housekeeping service sensitively administered by the caseworker of the agency to enable a family or a single person "to keep the home fires burning." A couple comes to mind, recent applicants to a home for the aged, who really would have been much happier if they could have had such a service as this and could have

Services for the Aged

kept up their own apartment. The woman, in her middle 70's, was finding the job of shopping, cooking three meals a day, and cleaning her apartment physically more than she could stand. She had one married son but her daughter-in-law, try as she could, was overwhelmed herself with the task of raising four small children on a very moderate income. The older couple's income from social security and a small old-age assistance supplement from the public agency enabled them just to get by. This hardly allowed for any kind of domestic help, let alone the kind of understanding assistance that could help the older woman gracefully and partially relinquish some of the arduous aspects of her housework that had come to symbolize her reason for living.

It was felt that a complete separation from all that was familiar to her—and entry into a home for the aged—would be killing to her, and that homemaker service would be a better answer. Homemaker service, even over a long period of time, need not be continuous or full-time care; the homemaker may be needed for only half-days, perhaps only two days a week. It certainly is a less costly and more effective way for some individuals to stay on in the community.

COUNSELING SERVICES

Counseling services for children and parents, for husbands and wives, and for older persons are not new—family agencies have been giving these services for years. There was a time when the voluntary agency seemed literally to control the lives of a large group of families for a long period of years. Then the pendulum swung to giving short-time focused services in connection with such problems as emergency family assistance, help to new Americans, and so on. Somehow, work with the aged was not considered much of a challenge, perhaps because there is something about these later years that seems to make us retreat both personally and professionally.

This was a phase of life we had not gone through ourselves, as contrasted with childhood, and we could not quite understand how it felt. Or if we tasted its bittersweet flavor, we were equally repelled, since there seemed no satisfactory approach or answer.

We know now that counseling can directly help older people and also help the younger people with the burdens and responsibilities of caring for aging family members when that becomes necessary. There are many in the community who are faced with the problem of where the aged widow or widower should live. Regardless of place, there are poignant difficulties of interpersonal relationship between adult children and aging parents. Many an older person or adult daughter or son may be locked in an unhealthy conflict for an unnecessary number of years. If they could use the services of the family agency's counselor, they might be helped in arriving at more satisfactory relationships.

PRIVATE RESIDENCE PROGRAM

Foster home placement for the aged, as its popular name indicates, is borrowed from the child placement field and has proved to be an effective way of helping older people stay on in the community. Because the aged are not children, the preferred term is "private residence program" and describes the provision of a substitute family living arrangement. The aged person has the privacy of his own room, takes his meals with the family, and shares in the privileges and responsibilities of family living. This is no cold rooming or boarding arrangement. The resident, as the client in placement is called, becomes a part of the household, is included in the social life of the household, uses the living room, TV set, and telephone, and contributes of himself to the life of the family. He may have relatives and friends visit. He may come and go as he pleases, participating also in the life of the community as he has until now. In addition to the direct services provided

by the residence owner, the agency's core service is the help given by the trained caseworker who helps make this plan really work—through administering the financial aspects of the plan as well as helping with the relationships with adult children and the residence owner. Important, too, is the provision of a medical preventive and treatment service under the agency's sponsorship.

The private residence program can serve a number of purposes. It can be used as an interim resource for those who may be on a waiting list of a home for the aged; it can be used as a temporary plan if a family is incapacitated by illness or wishes to take an extended vacation; short-time placements during holidays have also been successful. Primarily, however, foster care is an effective plan in itself for a way of life that is most satisfying, psychologically, to some individuals.

The private residence program for the aged has not yet been tried out extensively on a national scale—the contention is that in intermediate-sized cities it is not a workable plan. However, instances could be cited of unsuccessful ventures in large cities as well! Those who have seen the program work are convinced it can be done elsewhere. In addition to conviction and skill, one can profit from the experience of pioneers in this area, and thereby avoid some of the mistakes that they made. There is an available, though small, body of literature for study and reference.

It is not easy to establish and make a private residence program work; something more than generic casework skill and knowledge is required. Direct experience in foster home care of children may be of help. However, too facile analogies have been made to show how "orphan asylums" gave way to foster home placement, with the intriguing possibilities of its being a cheaper way of handling the problem. But it looks glamorous only on the drawing board—implementation is another thing! The casework process of finding homes and helping the aged with their ambivalence about

a new service is a slow and painstaking thing.

Home finding. The motivations for becoming a private residence owner may be many but the agency recognizes two primary factors: financial remuneration and a genuine interest in and feeling for older persons. At the beginning, newspaper advertising was the source of finding homes, with very few selected from many inquiries. Subsequently, referrals came from the community. Out of the experience of what proved most helpful the following requirements were established for private residences. (1) The family must be Jewish (this was a Jewish agency). (2) The family must have an independent income for its own maintenance—verification of this is requested. In other words, they cannot be wholly dependent on this payment. (3) The applicant must be ready to be interviewed in the agency office and file an application. (4) The family must show readiness to allow the caseworker to visit the home and to interview other members of the family regarding their feeling about taking in an aged person. (5) Medical verification by applicant's own physician of physical capacity to care for another person, including freedom from communicable or contagious conditions. (6) A private room must be offered. (7) Both dietary needs and special diets must be offered. (8) Readiness to care for the older person during acute illness—the way one would attend to a member of the immediate family—is needed. (9) Extension of socially accepted hospitality toward client's family and friends is another expectation. (10) Readiness to supply basic necessities such as soap, linen, and use of telephone is required. (11) Readiness to work with the agency and to accept supervision and help is also a basic requirement.

DEVELOPING THE PROGRAM

Most new social service programs require two or three years to develop and demonstrate what can be done; this is particularly

Services for the Aged

true of foster care for the aged. Potentially good foster homes are hard to discover. A great deal of casework time goes into the sifting out process and then it takes time to develop and train—so to speak—residence owners to an agency's expectations and way of working. Since a matching of resident-residence owners is done, there may be a fine home that is accepted, for whom there may not be a prospective resident because of its special characteristics.

Another time factor is that while it takes a minimum of six to eight weeks to effect a placement because of the ambivalence of the applicant, it may take as long as six or nine months to complete. Some persons have dropped out only to return a year or two after initial exploration and consideration of the service. To the social worker and the agency who are new to the program, this lag may be quite anxiety-producing and frustrating and may result in a premature withdrawal and rationalization that the program does not and cannot work. It may be helpful to know that Adult Home-Finders and Counselors, a commercial, professionally staffed agency found that it took more than two years to get going before their work load became heavy. (Incidentally, here is an interesting area for the

private practice of casework where the preparatory training of social work seems altogether appropriate.)

It seems elementary that people are not going to request a service they do not know about. Obviously, too, new services need publicity in order to become known. Once the service is available, then people can make use of it. Proposals for studies to demonstrate the need are apt to be misleading and academic for, in such a new venture as foster care of the aged, it is the supply which creates the demand and not vice versa. Also, the demand for this service will not come as an automatic response to the fanfare of launching and setting up the program, but the tested and successful experience itself has a way of bringing as many referrals of both prospective residents and residence owners as all the other sources of referrals combined.

We have sketched in a number of non-institutional services for the aged that have been successfully demonstrated. The reality is that few of these types of services are as yet available in most communities. Helping the aged to meet its pressing needs deserves the highest priority on the social planning calendar.

BY MILTON WITTMAN

Education for Community Mental Health Practice: Problems and Prospects

THE PROBLEM OF professional education for community mental health practice is one that poses a number of intricate questions for both educators and practitioners. The complexity and size of the mental health problem and the growing support for mental health programs throughout the country together indicate that the field of social work must make a major effort to relate soundly to the educational needs in this field. The work of the Joint Commission on Mental Illness and Mental Health clearly indicates the need for useful data on which to assess and evaluate the current and future directions of mental health programs. There is a strong feeling among those who have some awareness of where we now stand that current efforts in mental health fall far short of meeting the vast needs. There is continued questioning of the nature and content of service available and there is a high degree of curiosity about the effectiveness of current services. We now face the disconcerting fact that we may not really be meeting these needs just by increasing the number of known and existing services; rather the implication of present-day thinking is that we need to bring about some radical changes

in our working philosophy and in our practice if we are to make any realistic impression on mental health problems.

Donald Young postulates that "Ideally, a profession involves the use of all pertinent knowledge obtained from the entire range of relevant disciplines and accumulated experience for the solution of problems in research or practice."¹ We have not yet succeeded in selecting the most relevant elements of knowledge from related disciplines, nor have we plumbed the depths of accumulated experience for application in educational practice. This paper is directed toward the illumination of problems of education for community mental health and will suggest some prospects ahead for development of such education.

SERVICE PRIMARILY TO MENTALLY ILL

If we were to consider the sum of mental health services in the nation today, our first thoughts would turn to the work of the six hundred mental hospitals and one thousand two hundred mental health clinics currently providing a large quantity of services to the roughly one million mentally ill and a much smaller quantity of services to the roughly eight million mentally troubled who need outpatient care and can be served while living in their own homes. A minuscule quantity of service is being provided by the core group of mental health

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¹ Donald Young, "Universities and Cooperation among Metropolitan Professions" in Robert Moore Fisher, ed., *The Metropolis in Modern Life* (New York: Doubleday & Company, Inc., 1955), p. 291.

Education for Community Mental Health

personnel for the so-called normal population who are neither mentally ill nor mentally troubled. Therefore, it could be said that the field of practice of mental health today concerns itself primarily with the core group of mentally ill and the vast array of current services staffed with the constellation of mental health disciplines extends only in small part into the area of preventive mental health functions. This is not to deny the very useful efforts being conducted under the aegis of state and local mental health associations and is not intended to minimize in any way the very useful preventive functions currently conducted by state mental health programs. The fact remains that the bulk of mental health practice as we know it today remains related to the mentally ill or mentally troubled group.

Just as we find the core of mental health practice related to the mentally ill or troubled, so do we find the educational programs for the mental health professions geared primarily to teaching content related to pathology processes and their treatment. It is true that the conception of treatment in its most progressive interpretation implies intensive aftercare service intended to maintain the recovery of the mental patient. This quality of prevention cannot be overestimated. However, we have done little to apply the methods devoted to prevention of relapse to the prevention of illness in the first place. Educational content in the mental health professions in the main involves case material drawn from psycho- and sociopathology. Content on prevention is primarily descriptive. The fundamental problems which face teachers and practitioners in mental health today are difficult to grasp because of the intervening barrier of philosophical considerations. It is difficult to come to grips with the basic philosophical considerations which must precede any significant changes in practice and in education tending toward a vastly different methodology in mental health practice ten years hence.

PHILOSOPHICAL CONSIDERATIONS

Those who have perused the hearings prior to the passage of the National Mental Health Act, and subsequent testimony related each year to the Appropriations Committee hearings, will recall the immense concern with maintaining a broad perspective in the approach to the mental health problem. The high status that has been accorded mental health research is a ready indicator of the wish on the part of the National Institute of Mental Health and the Congress to provide high priority to the discovery of new knowledge directed toward a solution of mental health problems. It is possible to feel some frustration because, after so many years of research efforts, more definitive findings have not yet pointed the way toward a general solution of the problem even on a long-range basis. The basic goal of public health practice is the evolution of workable "control" programs. When we speak of control programs, we tend to think of an orderly organization of personnel and processes which will permit individuals, groups, and communities to solve their own problems, in the main, and to seek specialized help only as needed. There is some hope that mental health methods can successfully be made part of existing institutions in order that these may serve as intervening forces to prevent mental illness, or to provide for its early indication so that treatment, exclusive of hospitalization, can be used. The right approach has not yet been found. At present we cannot know whether the greatest advances in this area may yet come from physical findings, which will suggest an organic basis for mental illness, or from findings on psychosocial functioning, which will suggest effective means of fostering and maintaining mental health.

Present mental health practice is dominated by a philosophy evolved from a combination of social and psychological theories of human behavior. Current knowledge of culture and society and the psychological

impress of events during the life cycle of the individual form the basis for existing mental health services. When mental illness strikes, the social and health resources of the community are devoted to the ultimate task of restoring the individual to normal functioning. In most of our communities this task can be carried forward only under the most difficult circumstances. A foremost reason for this is the lack of social and health planning which intervenes as an obstacle to early diagnosis and thoroughgoing treatment following immediately upon the onset of illness. Too frequently the patient is subjected to damaging delays preceding diagnosis and treatment which tend to reinforce the illness and make recovery all the more difficult. There is frequently too little interpretation to the spouse or relatives which would permit an understanding of the illness and an appreciation of the intensely important supportive role it is possible for families to play. Our philosophy governing the care of the mentally ill suggests an immediate separation from the family and from society until an appropriate stage of recovery has been attained. This is in contrast to the type of philosophy in other countries which move instead toward maintaining the sick person in his family and in his community with the burden of direct care falling upon the immediate family. Current thinking in Great Britain suggests the open hospital as the pattern for service with direct involvement of the community in hospital program and procedure.

At another order of thinking, one might consider the importance of social and health resources in assisting the remedial handling of individual and family crises at the point of their occurrence. It is readily evident that any American community contains within its social structure a number of crisis-handling agencies such as the general hospital, the court, the police department, the school, and the church, all of which at various times encounter individuals and families under emotional stress. In a very

few instances these resources are prepared to deal with crises on the basis of mental health knowledge. The present goals of the national mental health training program in providing support for improved and extended mental health content in medical, legal, and theological professional education represent one move toward the better preparation of professional persons for dealing with mental health problems among their usual clientele.

The philosophical considerations which must be faced in general planning for education in community mental health suggest two avenues of approach. One is the extension of existing numbers in the core mental health professions. A second is through the medium of improving mental health functioning of existing community resources and structures so that "problems will solve themselves" at an early stage in their development and a "buffer zone" will be established between the individual and the mental hospital. It is in the nature and definition of the "buffer zone" that we have the greatest need for research and evaluation. At this point we are not certain how much can be handled by such an important social institution as the school system, for example, with a minimum of help from the "outsider" from the mental health field. To what extent should psychiatric personnel be introduced into the school system and to what extent can teachers and school personnel be prepared to take action on mental health problems on a purely independent basis?

If the same questions are applied to the field of social work education we might give some thought to two main questions. The first is: How can education for psychiatric social work be directed toward meeting the needs of community mental health programs? The second question is: How can the education of all social workers provide for the kind of knowledge and skill that will have preventive mental health influence in everyday social work practice? It must be granted that for the present we can

Education for Community Mental Health

only conjecture on how these problems are to be met. Social work practitioners and educators both have an important concern for reducing the dissatisfaction currently found when the requirements of mental health positions are measured up to the capacities of recent social work graduates. The most frequent comment heard from mental health administrators relates to the deficiencies of social work graduates in the areas of community organization, work with groups, consultation, public relations functions, ability to use and conduct research, and unfamiliarity with the common aspects of inter- and intraprofessional collaboration in providing normal social and health services. The following has been said about the current status of social work education:

... The ability of schools of social work to prepare students for highly individualized casework practice and for the group work field is generally acknowledged, but it has been questioned whether the schools at present are adequate for preparing personnel with knowledge and skills in policy making, administration, and community welfare organization, or are geared to meet the staff requirements of the large public welfare services.²

It must be granted that the uneven character of the development of professional education will inevitably lead to greater emphasis in one part of the field as compared with others. In the case of social work education, the development of education for community organization is seriously behind education for group work and casework. Building this part of the curriculum will be an important task over the next few years.

IMPLICATIONS FOR EDUCATION

Present educational programs in social work are composed of personnel, didactic content,

and field resources. Basic professional education at the master's level provides for preparation in theory and practice which is imparted over a two-year period in various combinations of class and field experiences. The ideal curriculum provides for a carefully planned balance of education in human growth and behavior, social work practice, and social services. Research and administration are taught as enabling processes and feature as important parts of the curriculum. The graduate emerges as a practitioner who has been seen as needing supervision over at least a year before he can attain accepted basic competence in practice. At present, it could be said that there is very little content in either the master's or post-master's program related to theory and methodology of prevention. The leading development of such theory has emerged from the public health field but this has been incorporated in social work education in only rare instances. Education for psychiatric social work consists for the most part of content in casework practice in mental hospital or clinic settings. It is the rare hospital that carries on a planned program of preventive activities. More frequently such activities are found in mental health clinics as part of the ongoing program but these are rarely seen as an appropriate part of the student's field experience. Therefore, education in application of preventive functions must be inculcated in the post-training experience.

At the post-master's level, the situation is somewhat better. Here there has been a substantial development of program content more directly related to community mental health functions. In at least two schools of social work there has been a conscious effort to develop class and field content related to community mental health programs. While only a very few students have completed these programs, it is possible now to examine them at their early stages of development to see if they contain what we really need to develop skilled practitioners in community mental health. The

² H. L. Lurie, "The Development of Social Welfare Programs in the United States" in Russell H. Kurtz, ed., *Social Work Year Book 1957* (New York: National Association of Social Workers, 1957), p. 42.

third-year student brings to the advanced program a master's degree in social work and on the average, from six to nine years of social work practice in one or more agency settings. He has mastered basic competence in social work practice and is now prepared to undertake a learning experience involving more complex field instruction responsibilities and involving a level of thinking requiring an approach to theory-building and application. He must be prepared to view the complex aspects of the social worker as community organizer, administrator, consultant, and researcher. The complexities of this program have been set forth by an administrator who has undertaken field instruction on the advanced level.

The field work content must basically be oriented to principles whereby a state mental health program is, can, or may eventually be implemented. This means in the first instance that there must be developed a clear orientation to the historical perspective of the current program in which the field placement is made. In the development of this perspective the content of the program is learned and inevitably some comparative illustrations of other state programs are developed. This orientation also brings in many specifics, *e.g.*, the legal sponsorship of the program and its development, the state interdepartmental relationships and the public and voluntary relationships. Concurrent with this broad base there is the need to understand the local pattern of government, *e.g.*, county, town, etc., and how these units relate to state government. These interrelationships will be the base on which policies must be formulated to be compatible with all interested parties from whom support of the program can be promoted. The policies are of course vital content since they are the baseline against which a grant program or a direct (or indirect) service program will be administered.³

³ Myron J. Rockmore, personal communication, April 23, 1957.

It can readily be seen that this experience is one which would be difficult to view at the master's level. Moreover, we have few faculty members in any of the schools of social work who have had practical experience at this level of operation. It would seem important to provide an opportunity for seasoned administrators to become involved in social work education. Likewise, it would seem important that as rapidly as possible we should produce teaching material which can be made available to programs which do not have an opportunity to establish advanced field instruction in community mental health. Another approach would be to permit senior educators to have a year of practice at the advanced level so that their experiences could be other than academic. The National Institute of Mental Health Senior Stipend Program will provide a practical means for pursuing this objective.

IMPLICATIONS FOR PRACTICE

There is a serious need to analyze and assess current social work practice to estimate present and potential contributions to preventive mental health. The notion of "preventive social work" needs definition and testing. Perhaps the closest approach to prevention in present-day practice is found in the activity known as "family life education" which is aimed at promoting understanding of life processes and emotional growth. A second level of prevention is the goal of recently organized specialized social agencies to co-ordinate social work functions aimed at the "hard-to-reach" groups. The effective use of social data to establish reliable lines of prediction of human behavior offers one favorable developmental prospect. Social workers need to devote more of their time to refinements of practice which permit an application of their skills and methods in work dedicated to strengthening individuals and families and to very early case-finding. Thus they will come closer to the ultimate goal of effective

Social Work

Education for Community Mental Health

preventive social service. It is conceivable, for example, that long-range prevention goals might be served better in the community if the caseworker interviewed clients *one* day a week and spent *four* in such other essential activities as consultation, research, work with groups, education, and interpretation. A major shift in philosophy from the primary objective of treatment to that of prevention must precede any significant changes in social work practice.

The part of this paper that deals with prospects rather than problems must concern itself with what is happening in mental health research and its possible impact on mental health practice. Research in mental health is directed toward producing new knowledge which will permit the primary group of professional people in mental health to do improved work and which will lay some groundwork for an improved role in mental health for the secondary group of professional personnel. This implies the design and testing of new patterns of service involving new constellations of personnel. It involves a careful analysis of the structure and function of existing resources to determine what methods work and what methods do not. It implies pilot and demonstration activities which will extend mental health services into communities where they are not now found. It implies exploration of existing social institutions as these tend to create the caseload of mentally ill or mentally troubled people and it will delve into the nature of psycho- and sociopathologies in their several forms. This means that social work must move from the role of helper in research projects to that of designer of research projects. It means that more people must become prepared in research so that they can add a measure of knowledge to what is now known in content and method of mental health practice.

PROSPECTS

The immediate future should produce a number of developments which will help

ease the problems we now face. The prospects are that:

1. The social work role in prevention will become better known and will take more of our professional effort. New social inventions beyond the social agency and the child guidance clinic may pave the way for such a development.

2. The transition of preventive practice into educational programs will be facilitated as theory becomes perfected and case materials increase.

3. More faculty from the social sciences will be employed in social work education. These should aid in the professional equipment of social workers for the tasks of research and demonstrations.

4. The pressure for increased range in field experiences for students at the master's and post-master's levels will involve mental health programs in professional education to a greater extent.

5. Mental health research will point to new uses of the several professions and consolidation of practice may lead to an extended generic base.

6. Definitions of practice levels will earmark those functions which may be carried by sub- or semiprofessional personnel. Thus the social worker may in time be more important as consultant, teacher, supervisor, or administrator than as basic practitioner. Education may need to prepare for this eventuality.

In general it may be said that the field is in flux and changes in methodology and philosophy may be required at several stages in the professional life of the present generation of social workers.

CONCLUSIONS

This paper has outlined in summary form the problems and prospects for professional education for community mental health practice. It has pointed out and highlighted the deficiencies in preparation which

make it difficult for social work to provide a maximum contribution in community mental health. The need for developing a sound philosophical base for social work operations in mental health is critical. This means much more work on an organizing principle or concept which can place more definitive meaning in the "prevention" construct. It has been said by one author that "the preventive phase of mental hygiene is most frequently *only relatively preventive*"⁴ and if this is so, it is obvious that much effort is needed to establish the validity and reliability of preventive programs. A sound

philosophical base cannot be developed without much improved communication between educators and practitioners in social work. It does no good purpose if educators meet alone and if mental health practitioners meet alone to discuss and review their problems. In order to make any practical progress in modifying social work education, it will be necessary to direct more attention to reducing the obstacles to collaboration between education and practice. It will be necessary to launch more collaborative long-range research and to involve educators in pilot and demonstration programs. Only as such intercommunication can be soundly established will it be possible to foresee effective education for community mental health practice.

⁴ George Stevenson, "Psychiatry," *Encyclopedia Britannica*, 1955 Edition, Vol. 18, p. 667M. (emphasis not in original).

1959-60 Fulbright Competition

Under the International Educational Exchange Program of the Department of State, American social workers have an opportunity to observe and study the philosophy and methods of social work in the Netherlands, Denmark, France, Italy, and the United Kingdom during 1959-60. Recipients of awards under the Fulbright Act for study abroad receive tuition, maintenance, and travel to and from the country of their choice.

General eligibility requirements are U. S. citizenship, a master's degree, and two years' professional experience, language ability sufficient to carry on the proposed study, and good health. A demonstrated capacity for independent work is also necessary. Preference is given to applicants under 35 years of age, although older applicants will be considered.

For further information and application forms, write to the Institute of International Education, 1 East 67th St., New York 21, N. Y. Competitions for the 1959-60 academic year close November 1, 1958.

GROUP WORK SECTION

BY PAUL LERMAN

Group Work with Youth in Conflict

PREVIOUS WRITINGS AND comments by practitioners serving adolescent groups that are in conflict with acceptable standards of behavior have begun to carve out a systematization of the assumptions underlying such a service. McCarthy and Barbaro,¹ writing from the experiences of the New York City Youth Board, identified some of the goals, principles, and procedures of working with hostile street gangs. Austin, in a recent issue of *SOCIAL WORK*, carefully outlined the goals and objectives of reaching-out efforts with groups, the stages of the worker-group relationship, and indicated the probable results to be expected from such an approach.² Richards, in a recent speech, spelled out a theoretical framework for understanding group-based deviant behavior in a dynamic fashion, and sharpened our focus in working with varied antisocial constellations—or forms—of youth groups.³

These efforts have been extremely helpful to the field, but a need for translating some of the more generalized concepts into specific implications for practice still exists. The purpose of this paper is to focus on some of these implications, and perhaps add more "food for thought." In the main, ex-

tensive use of a single case will be used to suggest explicitly—and implicitly—the thinking, role, and methods of a trained worker servicing such a group. While the material that follows is based on the experiences at one settlement-type agency, it is felt that the practice implications can have wider applicability.

For practitioners working with youth groups in conflict, it is assumed that the antisocial acts of individuals cannot be understood—or coped with—unless we deal with factors other than just personality dynamics. Some of these factors are:

1. The internal relationships and the evolved roles, status, structure, norms, and persistency of interaction of the individual's immediate peer group.
2. The pressures toward conformity, and the interstimulating effects of group participation.
3. Predominant values of the significant people and institutions within the neighborhood life-space affecting the individual and his primary reference group.

¹ James E. McCarthy and Joseph S. Barbaro, "Re-Directing Teen-Age Gangs," in Sylvan S. Furman, ed., *Reaching the Unreached* (New York: New York City Youth Board, 1952), pp. 98-126.

² David M. Austin, "Goals for Gang Workers," *Social Work*, Vol. 2, No. 4 (October 1957), pp. 43-50.

³ Catharine V. Richards, "Finding a Focus for Work with Hostile Youth Groups," in *Social Work with Groups*, Selected Papers of the 1958 National Conference on Social Welfare (New York: National Association of Social Workers, 1958).

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4. The mode and style of personal controls of behavior prescribed, permitted, preferred, and proscribed by outside sources, e.g., family, peer groups, police, precinct captain, etc.⁴

5. The reality aspects of the specific problem situation with which the individual is confronted, and the way, under subcultural influences, he perceives this "slice of life."

By pinpointing these factors, we are really restating—perhaps with different emphases—traditional group work concepts. However, the manner in which we perform the day-to-day job, and the techniques we may employ to work with the reality impact of conflict situations, may differ sharply from traditional agency practice. For example, recreation-type *Program*—traditionally a key tool in group work practice—may play only a minimal role in the ongoing work with such youth groups. But *Relationship* (that mutual feeling of liking, empathy, and trust), formerly the twin brother of *Program*, becomes the favored sibling of our practice.

The foregoing comments are not meant to imply that this type of service involves a total reshuffling of group work principles. Rather, it is in the area of *what* we emphasize, and at *what* time we do this. Some of the areas of emphasis are as follows: (1) active communication that we care—care an awful lot—about their problems; (2) active demonstration that we are as nonjudgmental as we say—or imply; (3) alert willingness to sympathize with their weaknesses, and support their strengths; (4) overt expectation that they can participate in coping with their problems; (5) flexibility, openness, and imagination in the role of the helpful adult; and (6) coming to grips with our systems of values and class biases, as well as personality components.

To illustrate these ideas and to depict actual practice implications, the following case may prove helpful. The actual con-

flict situation involved stealing by three members of a group. The mode of referral, the pressures to perform the act, and the roles of the workers can be better understood by reviewing past work with the total group of which the three were members.

The group called themselves, colorfully enough, the "Wildcats." The *esprit de corps* is best described by repeating their cheer-like yells. One fellow would say, "Are we good?"—and the others would reply in unison, "We are good—we're the Wildcats!" They are 14–18 years of age, have an informal membership size that fluctuates around ten, and are mainly of third-generation Polish and Italian ethnic origin. The majority attend a public high school, and a few work as their fathers do—in manual-type occupations. Skill in sports, owning and/or driving a car, and ease in dealing with girls are high-status factors.

Individually, the majority are capable of exhibiting friendliness, courtesy, and consideration for adults. Collectively they are provocative, teasing, and often downright hostile toward adults and their institutions. They are quite proud of this masculine aggressive behavior, and even have a colorful slang phrase to depict their diluted sex play: "ball-busting."

When Scotty, the street worker, first made contact with the Wildcats, they were the object of much agency concern. The group was stealing agency property, defying staff, and disrupting other club meetings. The agency decided that they could no longer be served in the traditional manner.

In preparing to work with the group, Scotty learned that the group was interested in baseball and was toying with the idea of obtaining a clubhouse. He also learned that in the past the group had followed through on plans, provided they were really interested in doing so. His first formal contact with the group, originally to deal with their joining a softball league, coincided with their learning of the loss of the building worker. Seizing upon the reality of the situation, Scotty asked the group why they had not taken up an offer to use a

⁴ Robert K. Merton, "The Social-Cultural Environment and *Anomie*," in Helen L. Witmer and Ruth Kotinsky, eds., *New Perspectives for Research on Juvenile Delinquency* (Washington, D. C.: Children's Bureau Publication No. 356, 1956), pp. 32–33.

Youth in Conflict

basement for a clubhouse. After going through excuses for their inaction, a quick decision was made by the boys to have a try at it. The softball league had become secondary to their newly released interest. Hostility was expressed about the agency and its staff, but Scotty was dissociated from this frame of reference.

In the weeks that followed, the Wildcats proved wonderfully resourceful in cleaning, furnishing, and decorating their clubhouse. Approbation from Scotty was directly requested, and he warmly verbalized his admiration of their efforts. As he began to spend more time with them, he began to raise the realistic caution that if they could not control each other's behavior, the clubhouse might be lost. Neighbors would react to swearing, noise, and provocation in the same way that the agency had done—by removing them from the scene. He remained nonjudgmental, but continued to pose the problems caused by their behavior, and verbalized an expectation that they could act otherwise.

The Wildcats were finally forced to leave. Scotty used this reality situation to suggest they draw up a set of rules and internal group punishment for swearing, noise, wrestling, and so on, if they were to approach neighbors to get their club back. Scotty, together with high-status members, made house visits, but neighbors and the landlord balked at giving them another chance. The boys were angry, but quite capable of sizing up their own responsibility for the expulsion. Scotty supported this accounting for past deeds.

During this time and through the summer, Scotty and the boys (either in individual contacts, two's and three's, or larger constellations) discussed school, job outlook, the Army, marriage, their antisocial behavior on the corner, cars, batting averages, and the like. In most cases these were just bull sessions, but sometimes meaningful things happened. For example, one boy, with Scotty's support, and the approbation of a few other Wildcats, went to summer

school to make up deficient credits. While antisocial behavior on the corner continued, a few of the boys with more impulse control were beginning to "bawl out" obstreperous members for swearing and acting up. Scotty supported these efforts.

In the fall the group was transferred back to the building-centered program, since it was thought they might be better able to accept more responsibility for their behavior. Agency staff also felt that they could act more consistently in limiting Wildcat members. The new worker was oriented to "antiseptically bounce" (in the words of Fritz Redl) the boys when they got out of hand. But in doing so, he was to leave the building with them and continue to be their worker for the night. Scotty, aside from occasional passing contacts, disengaged completely to allow Larry, the new part-time worker, to become the focal point of agency concern for their individual and group problems. This worked successfully until the stealing incident when both workers merged efforts.

John, a Wildcat of long standing and important status, came to Larry late one evening and told him he was in a "jam," having stolen goods at a local department store where he worked part time after school. Larry suggested he come in the next day to discuss it further. The same evening, Scotty learned about the incident from the agency executive, and it was decided that Scotty and Larry would work together because of the latter's lack of training and experience in handling such situations.

The next day, however, John approached Scotty directly at a high-school hangout. John did this at the suggestion of a teen-age boy of another clique whom Scotty had helped with a school problem. This boy was Scotty's referral agent.

In an interview at the agency, Scotty learned of the full extent of John's thefts, and the others who had stolen goods. Three Wildcats and two strange boys were involved. John claimed he had not taken anything when he first started the job, but

after seeing Bob, heretofore a stranger, stealing and getting away with it, he told other Wildcats. Wildcat members asked him to steal for them, and one boy particularly, "Little Boy," encouraged him to make a business of it, promising to pay John for his efforts. Normally a boy who would not steal because of a strong sense of values, plus an ego appraisal mechanism that could look to the future consequences of getting caught, John succumbed to the pressure. He was given added impulse support by the presence at work of two newer additions to the Wildcats, Bill and Jim, who were eager to gain status in the group. All three were certainly "egged on" by the group.

Beside the weight of group pressures from the outside, John was also a member of the group that worked in the store. These group loyalties, with concomitant pressures for supporting impulses and acting out a norm of masculine behavior, were quite strong. But added to these pressures was the seductive example of watching someone else—a non-Wildcat—initiate the act and get away with the goods. Given this set of circumstances, it would have taken an unusual control system to prevent John from beginning his period of crime.

The store, at this point, only knew of Bob, the non-Wildcat member, and his escapades. He was out on bond, and his lawyer was trying to get the police to go after another boy (who had been fired weeks earlier for incompetency) as the major culprit. The police knew of John but had not told the store. It was apparent that the juvenile officer had not been involved, but that the regular police officers were handling a juvenile case. Knowing the reputation of the local police station for accepting bribes, Scotty surmised that this was the reason for the juvenile officer's not having been called in on the case, and no contact having been made with John's parents.

Frightened and confused, John asked what he should do. When Scotty reflected back the question, John answered, "The right thing." It became apparent that this meant excluding involvement of his par-

ents, particularly his father. Because of the crisis element, and John's inability to come up with alternatives, Scotty posed alternative that he might consider. The alternatives were geared to reality consequences that might follow, and not to any morality factor. Scotty felt that the case did not warrant consideration of a referral at that point. The alternatives were as follows:

1. *Don't do anything*—and continue to sweat it out in the hope that you will squeeze out of it.

2. *Tell your parents*—and ask them for help, even though they might be ashamed and angry.

3. *Make restitution directly*—and get some of the stuff from the guys, pay the balance, and hope that parents and police won't be notified.

John, of course, balked most at the second and was apprehensive about the third alternative. The untrained worker, Larry, who was also present but had remained silent, began to react, and started to push his own feelings. Larry began to argue for a course of action most consistent with his middle-class values, namely, tell all to Mom and Pop, and they will come through all the time. Without attacking Larry directly, Scotty pointed out that John had to live with the decision, and it would be better if he didn't feel he was being "pushed." Fortunately, because of the status feelings towards Scotty, Larry was able to catch the point and resume his listening role.

As discussion continued, John began to lean toward the third possibility, but was dubious about admitting any more to the store than he had told the police, namely, one-half of what he had stolen. Scotty pointed out the dangers of this approach if the store took a total inventory, and couldn't account for the goods in sales. Somebody would get caught "holding the bag," so realistically, if the third course were followed, it paid to tell the truth. Besides, this would be the "right thing."

As John seemed to become more comfortable with making restitution directly, Scotty suggested that the other two Wild-

Youth in Conflict

cats, Bill and Jim, be called into the discussion. This was done to get a group decision now, for an act that would have to be done collectively, to make sense to the local store owner, and perhaps retrieve some of the goods without paying cash. The alternatives were reviewed with the boys, and concern expressed that the workers wanted to help them with the problem. Jim responded quickly, indicating he was glad they had been found out at last. New to the group and to the neighborhood, he seemed quite eager to please and be readily accepted by adults and peers.

Bill was extremely fearful of his father's finding out about his delinquent activities, and seemed resentful of John's "pulling" him into this confession, since his part was really so small. Scotty reminded him that he had tried to sell Larry some stolen socks awhile ago, so he had "spilled the beans" himself. He sheepishly said, "Oh, yeah." These attempts on the part of John and Bill to minimize their responsibility in the stealing highlight the degree to which defenses can be manipulated to prevent shame and a sense of guilt from becoming overpowering. For John, the rationale that Bob did it first was offered to excuse the thefts. For Bill, the idea that he hadn't taken "much" was used as an alibi and a defense.

Without dealing with these defenses directly, Scotty dealt with the amount taken by each, writing it down on paper for all to see. John had stolen over \$70 in goods, Jim about \$60, and Bill "only" \$15. In a nonverbal manner this procedure appeared to indicate that each boy was responsible for the definite amount, per individual confession. This approach seemed to make sense, and a sense of consensus was apparent. Just as group processes had furthered the loss of impulse control via mutual identification and the contagious thrill of stealing, so were the same dynamics coming into operation in support of the restitution idea. These responses to group pressures were as unconscious to them as their use of the workers as parental substitutes.

After Scotty suggested that they try and

recover the goods, as this might save them money, it developed that most of the articles had been channeled through Little Boy for sale. Little Boy was sent for, and soon appeared in a swaggering, braggadocio manner. On learning of the boys' decision, he quickly made known what goods he had left. He also indicated that he had a number of automobile hubcaps in his possession, since he had also engaged in direct stealing. He spoke of these acts like a "big shot." Scotty knew from past work with the group that Little Boy was low in status because of poor sports skill, size, and lack of ease in dealing with girls.

Scotty told Little Boy that he was fond of him, and would like to help him stay out of the State Training School. If he could return the hubcaps as well as the store goods, he could get them off his hands and perhaps make a fresh start in keeping away from this type of activity. Scotty also suggested that there were other ways to prove that he was becoming a young man, and told him that he would not be turned in to the police, since workers at the agency acted in a confidential way. He said that he would bring the store goods, but not the hubcaps; they would be gotten rid of in his own way, and then he would cease his activity. Scotty said this was up to him to decide, but that we would like to help him now. Little Boy said he would bring all that he had, but not the hubcaps. This was accepted.

While Little Boy and Bill left to get the goods, Scotty told the others he hoped that they would use their friendship and loyalty to Little Boy to help him stay away from trouble via stealing. As a club they could help each other stay out of "jams," as well as do just the opposite. They silently mulled over the idea.

After Little Boy returned with the goods, he told the workers that his father wanted his name kept out of it, since he had purchased some of the stolen goods from his son. Scotty said he would hold to this, just like other things the boys had told him and Larry. Little Boy commented that

Scotty must know of thousands of things that kids did that were wrong, and tried to help them. Scotty affirmed this, and said he was still interested in helping Little Boy with the hubcap problem. The latter again said he would get rid of them and cease the activity.

The returned goods were then totaled and matched against the list of stolen goods for each boy. This procedure again highlighted each boy's share of responsibility for the stealing.

The next day all three boys arrived promptly at an agreed meeting-place, and together with Larry and Scotty made restitution at the store. Prior to this action, John had been slipped some money by Little Boy, who said that the boys had taken up a collection on his behalf. John paid \$40, Jim \$20, and Bill \$7. The store executives accepted this display of "guts" in coming clean, and the boys rewarded them by showing the "easy" places where goods could be pushed out of the building.

After the incident, Scotty again disengaged, and Larry continued further work with the group around their responsibilities toward each other, as well as further attention to Little Boy.

IMPLICATIONS FOR PRACTICE

1. There exists a peer subculture for each neighborhood, with a dominant code of keeping information from adults. Many teen-agers, outside the Wildcats, knew of the escapades, but none "ratted." However, a friendly adult can enter this world as a participant observer. From this vantage point he can offer concrete help to individuals and groups, redirect activities, and pose alternatives to antisocial values and acts. He can do this without violating this dominant code, as confidentiality is highly valued on a reality basis by these youthful clients. This lends support to the ethics of our profession in this area of work.

2. By becoming readily available and accessible in times of crises, a worker can

build significant relationships and be of concrete, easily perceived help. Adults are judged more by actions than words. The status of a helping person must be an *achieved* one, and not merely ascribed from the outside, or implied by words. This status may or may not rub off on the agency he represents.

3. The values of significant adults, institutions, and groups in a neighborhood life-space must be taken into account. They may not be consistently on the side of socially approved behavior. The actions of the police and the father are key examples of society's ambivalence in this area.

4. Our strategic use of sources of individual controls must be reassessed. Besides an individual's sense of values—or super-ego structure—there are other sources of controls. The peer group and the teen subculture are potent ones to be considered. These social controls operate in face-to-face situations, and as a strong "push from the rear" in acting as a reference group for standards of behavior. Individuals differ in their susceptibility to witness the seductions of an initiator who acts out suppressed impulses and still control their own behavior. They also differ in their willingness to gain status via conformity, and in their need for a collective guilt sense to assuage their individual anxieties.

5. These youth are ambivalent in regard to wanting—or not wanting—controls imposed from the outside. Exuberant, and yet fearful of their impulses in acting masculine, they want adults to *tell* them what to do, yet they also want to revolt. While workers must be wary of falling into the trap of becoming a control source by their physical presence, they can aid internal controls by helping youth to assess consequences on a reality basis. This role in helping the youthful ego to look to the future—on a reality basis—can be a really helpful educational service.

6. The necessity for social group workers to engage in the practice of interviewing is sharply indicated in working with youth

Youth in Conflict

groups in conflict. Not only marginal interviews, but other types are necessary. Prolonged interviews over a period of time, as will be necessary with Little Boy, are certainly indicated. We also engage in interviews of individuals in a subgroup setting, but are not always as conscious of the dynamics involved. Sometimes, pairs might be seen, as this is the level on which they feel most comfortable in revealing fears, doubts, and hopes. Working with individual members can be helpful in giving emotional support in time of need, pointing up alternatives, reflecting consequences of thoughts or actions, and in continually building meaningful relationships with a friendly adult.

7. Our service to youth groups in conflict—as in all group work service—is geared to two levels of help, *i.e.*, groups and individuals. We are desirous of helping the total constellation achieve status-producing and satisfying products that are socially acceptable, because only a group entity can accomplish many of these worthwhile goals. These goals often go beyond agency walls, and the worker, to be helpful, should recognize and gear actions towards this larger life-space. Help to individuals in crisis situations and in terms of group-engendered problems are also valid services offered by group workers. Referrals are necessary, but are difficult and not always indicated.

8. The workload of the workers assigned to such groups must be arranged with great care. Such groups need more time to use the workers, although this should not be limitless, and there should be availability in time of crisis. Time must be made for bull sessions, interviews, and “hanging around.”

9. The worker must be assigned to the group with the goal that he will serve it wherever the setting proves most conducive to using his assistance. If the group cannot use the building effectively, then the worker should reach out to the group. If

the group is asked to leave the building for the night, then the worker should also leave with the group. They are his clients, and if the service cannot be offered in the building there should be no qualms about being of service outside; nor should their problems be “kicked” outside.

10. The use of trained and untrained personnel needs more consideration in this area of work, as well as in traditional settings. The concept of the team approach, as particularly utilized in hospitals, could certainly be used to good advantage. While we want untrained people to learn on the job, and not become overly dependent for answers or solutions from the trained group workers, there is room for flexibility in the handling of crisis situations, and problems of particular difficulty. The trained worker can directly use his professional skills, while the untrained worker can observe, much as an intern-in-training. The roles of Scotty and Larry are examples of this.

11. The impact of physical settings, and the kind of structures we build into our settings must be more consciously considered. Stealing in the store was made easier by the gaps in the back window. Controls can often be helped by the size of rooms, the distribution of furniture, the “status” of the meeting room, and by other seemingly, but important, mundane considerations.

12. The relationship of the worker to the group and the worker to the individual is our key potential for helping. Program and other environmental manipulations directed toward helping the ego immediately can be helpful but are usually secondary. Only if we truly “reach” these youth can they be helped to achieve more satisfying ways of handling the age-old conflict between the demands of culture and the imperious strivings of individual impulses. Hopefully, we can help them to become more socialized, without suppressing their desire to change the rules, and thereby change the world.

MEDICAL SOCIAL WORK SECTION

BY MARGARET I. JACOB

Co-operation Between Social Workers in Hospitals and Family Agencies

SOCIAL WORK is under pressure, as are other professions, to be continuously acquiring new knowledge and adapting the old. We are also shorthanded. It is therefore essential that we examine education, methods, and performance to make sure we are as efficient as is consistent with maintaining the philosophy and practicing the art of social work. We are learning, maintaining impetus and focus, and are involved in critical self-examination and redirection all at once. It is to a question of focus that this paper is addressed. Focus implies direction and enables efficient movement in that direction.

The suggestion made here is that under our multiple pressures we may lose focus. The rapid pace of adaptation imposed on each practitioner may result in individual confusion, which may result in oversimplification or in a search for status rather than

for stature. In the attempt to find professional identification one relates most easily to one's own agency or field of service and one most readily finds status within one's own setting. The fact that both individuals and fields may confuse setting with status suggests that some attempt at clarification is in order.

Even though the two areas of practice under consideration are those of family casework and medical social work, it may be assumed that the present inquiry is of concern to the field of social work as a whole. In the attempt at clarification we may first present some of the specifics in the medical setting which bear upon co-operative work with family agencies, then examine the pertinent principles of practice, and finally look at the part played by workers' feelings, and raise some questions.

SPECIFICS IN THE MEDICAL SETTING

In each agency there are considerations which bear upon case management and therefore upon the feasibility and the timing of co-operative work.

MARGARET I. JACOB is director of social service, Mount Sinai Hospital of Cleveland, Ohio. This paper, in slightly different form, was given at the National Conference of Jewish Communal Service, Chicago, in May 1958.

Co-operation Between Social Workers

Client Need. The client of the medical-social agency is a patient suffering from the stresses and the insults of being ill and under medical care. He is "not himself." He is seeking a benevolent father in the person of the doctor and a loving mother in the person of the nurse, and he is fearing rejection, punishment, or shame from those whose help he seeks. He defines his problem as being organic and its solution as being within the province of medical and nursing care. He is not primarily seeking casework help and he needs assistance in redefining his problem before he can see it in terms appropriate to what can be offered by casework.

In the great preponderance of cases seen by the medical social worker, illness or disability is at the time the predominant factor in the presenting problem. This is true for one of several reasons. In some cases the physical disability is so great as to produce its own stresses and to require planning focused to its care. These are cases of adaptation to illness. In others the psychological disability is the major disability, but focuses around physical considerations, so that there is neurotic use of illness and neurotic conditioning toward illness. Therefore, the caseworker's focus in entering the situation, while it is not on the illness (as is the doctor's), must be integrated with the medical care focus and plan, not because of policy but because this is where the client is.

Timing. Many of our situations are crises. The patient and his family are required to respond appropriately *now*. There is not time to work through, think through, and arrive at a psychically accepted conclusion. The patient must enter the hospital, he must have surgery, he must leave the hospital. Or he must suddenly change his whole way of living. He is not "ready" but medical facts take priority. For example, surgery is a drastic and a psychically damaging procedure: unless it is done the patient may die. These facts have many implications. The one pertinent to the

present purpose is that the worker must reconcile her wish to move at the client's pace with the need to get him ready for the demands of reality.¹

Function. With some variations in practice, the administration of medical relief is no more a function of the medical-social agency than the administration of financial relief is a function of family agencies. The primary functions of the hospital social worker may be described as follows: (1) evaluating social and psychological aspects of the total problem presented by the person who is the patient; (2) formulating a casework treatment plan; (3) arranging appropriately the provision of social and economic resources which are required to effect medical and casework care; (4) communicating to other treatment personnel the findings and recommendations arising out of the casework evaluation; (5) participating in the medical-social plan which is jointly arrived at by all related personnel; and (6) implementing those parts of the plan which pertain to casework function.

The development of this definition of function has been required, not just facilitated, by the fact that hospital social workers are in constant interaction with other persons who bring different competencies and skills to the common goal of the patient's maximum feasible well-being. Each must know his function and must be able to carry it out—and to speak to it. Biological, psychological, and social aspects of the patient's total functioning must be factored out, understood, then reintegrated into an operative whole, to which whole treatment must be addressed. In an organization which is addressed to promoting total well-being of individuals, the social worker has a role which partakes of two kinds of responsibility, her own as a casework diagnostician and practitioner and a

¹ For convenience the worker will be designated as "she," the client as "he," though the reverse may be the case.

collaborative responsibility with other responsible professional disciplines. Her primary identification is with social work, her secondary with medicine and nursing.

DIFFICULTIES IN REFERRAL

Much of what has been said above pertains to how the caseworker operates in a medical setting rather than how she operates in referring to a family agency. However, there are implications for the latter. One specific has to do with process. It is a truism in casework that study and treatment proceed concurrently. While the hospital social worker is learning whether the client can use other casework services, he is using hers!

Relationship. By the time the worker and the client have agreed on the problem and the direction of work, the medical condition is under control, and the worker has helped the patient to define or redefine his problem and has estimated treatability, a treatment relationship is established. How is she to refer him? What is the worker's ability to handle her own feelings of loss, of pleasure when he says he prefers her, of doubt as to whether the other worker will be as helpful? The client gets to the other agency with some resistance. He states the problem in its most superficial terms and at the same time challenges Miss B in FSA to be as understanding of him as was Miss A in the hospital. How does Miss B feel? How does she handle her feelings, and his?

Communication. This happens so frequently as to merit attention. The client liked Miss A and feels somewhat rebuffed. He also liked the security that was involved in being a patient, and is fearful of the move back into the community. Also, universally, it is easier to start by saying, "I need a vacation," or, "I need a different job," than to say, "My own attitudes are disturbing my family relationships," or "I can get jobs but can't hold them and am beginning to wonder whether it's something about me." Whatever the reason for the trans-

mutation there is between the basis for referral as seen by worker A and John Jones, and John Jones's initial request to family service, something goes wrong. Medical social workers would like to feel sure that the family intake worker will not simply dismiss this as an inappropriate referral but will both respect the casework judgment that led to referral and look further into what is troubling John Jones.

In attempting or in considering referral the worker must be clear about the dynamics as well as about policy. She must be able to handle transference and countertransference and to give the other agency credit for doing an honest casework job.

Role. Referral is complicated when the patient has been in the hospital where his dependency needs are met, where he has carried a "sick role." On discharge he is threatened by the need to resume a "well role," to function in family and community. He may have a physiological disability—he does have a psychological disability. On discharge he regresses. The caseworker may see use of the family agency as cushioning the patient's return to the community. The patient may see it as constituting one more demand to grow up, to cope with a complicated life situation, at the same time that seeking counseling may mean to him admission of inadequacy. His dependency/independency conflict may focus around whether he uses family service counseling and, especially, around how. The medical social worker is accustomed to working with a fluctuating dependency, which is characteristic of adjustment to illness. She may not adequately communicate to the family service worker the fact that when the patient is ill the worker's estimate of his ego capacity must be adjusted accordingly—that, when he is ill or convalescent, we are not seeing a cross-section of his usual functioning level.

Family Focus. The hospital worker sees the family or at least the adult members, sees the wife of a sick man or the mother of a sick child during the period of a stress

Co-operation Between Social Workers

reaction. Underlying family attitudes may stand out in sharper relief than normally, or may not, if they are sufficiently cloaked by the necessity to be kinder, more accepting of the ill one—that is, if the positive side of an ambivalent relationship is at the moment dominant. The worker should be able to detect this fact, must be able to work with the family toward acceptance that attitudes constitute a problem with which help is possible, and must have a clear estimation of their readiness and ability to work on it. She may fail in one or the other of these connections, or may fail in communication to the family worker. Or the family worker may fail to appreciate the fact that the medical social worker has made her estimate and her referral on valid casework grounds, although the evidence the family initially presents does not support this.

DIFFICULTIES IN COLLABORATIVE WORK

The rationale of collaborative work needs to be carefully developed in each instance. Some of the pertinent considerations will be stated here. The patient's feelings about his illness or disability, his response to persons in the treatment situation, his plans for his future cannot be separated from his feelings about himself and about his life situation. The way to treatment of a damaged ego image is work with the ego, which means working with the patient about the ego-supportive or ego-damaging aspects of his life situation. Where does one worker stop and the other start in this undertaking? The logical conclusion to this line of thinking might be that all help with adjustment to illness and disability belongs to the family agency. When this point is discussed, several tangible factors are usually named: (1) the accessibility of the patient, especially the hospital patient, to the medical social worker; (2) the accessibility of the doctor to the medical social worker—accessibility not just geo-

graphically but because she understands the doctor's language and—usually—can read his writing; (3) the hospital worker's familiarity with hospital policy and with personnel, her facility in interpretation to them; (4) her opportunity to influence patient's care by appropriate intervention in his behalf.

The writer believes there are other factors just as operative and maybe more so:

1. The specific knowledge of the medical social worker is gained from experience with the emotional concomitants of illness in general and of this illness in particular. Overemphasis on the generic nature of casework training constitutes underemphasis on the values of the specific experience focused around a selected client problem. This is true whether it is marital counseling, parent-child relationships, or physical illness which is the core of the problem. Expertness is based on training *plus* experience.

2. The medical social worker is not just *in* the hospital but *of* it. This fact has an important connotation to the patient who can use her either way he wishes at the moment—as his counselor, or as a hospital representative to whom it is safe to express the fears, doubts, or resentments which, under the necessity of being a “good patient,” he conceals from the doctor and which very often he merely acts out toward the nurse. Because one of his major problems at the moment is his very marked ambivalence toward the doctor who is at once the good, trustworthy saving father and the all-powerful, all-knowing, and all-punishing father, the patient needs this help—and needs it then and there.

3. The third factor is a more delicate one. The writer is convinced of its existence and of its importance. Many otherwise sophisticated and objective caseworkers shun and fear physical disease. Like death it is to be ignored, pushed aside, not talked about, until it hits. When it has to be considered, it is an area apart—quarantined, as it were, from the mainstream of the pa-

tient's life. Medical education stresses the fact that the patient is a person. Social work education may need to stress that the patient is *still* a person and will remain one, that his functioning is a continuum, that John Jones ill is still John Jones. He is a John Jones subjected to a particular type of stress which has its specifics. Neither understanding John Jones nor understanding the physiological aspects of his illness is sufficient to understanding John Jones ill, who is the same but different. Pre-existing tensions or ordinarily suppressed aspects of personality will become more prominent as some of the usual defenses are broken down and others are intensified. It is not appropriate here to discuss the dynamics of illness—only to say and to emphasize that illness is a part of life.

The above are some of the reasons why casework service is appropriately offered at the time of illness and in the place where illness is being treated. Several determinations are involved in the ways in which the casework treatment may be shared between community agency and the hospital department.

Illustration. Suppose Tom Brown has been known to Miss B at Family Service around an ongoing marital problem. At the time he is hospitalized a good relationship has been established, considerable clarification has been accomplished, and he is beginning to show increased insight into his own part in the difficulties. He is making better progress under treatment than his wife, who is rivalrous with him and takes all content back into a narcissistic context. He is hospitalized for study of severe gastric symptoms.

The possible plans for casework service include the following:

1. Miss B carries full responsibility for casework service, Miss A, the medical social worker, serving only to clarify for the patient and for Miss B the meaning of medical procedures and the expectation for progress or recovery. In this role Miss A participates in conversations between Miss B and the

doctor as an interpreter between the two orientations, the social and the medical.

2. Miss A carries casework responsibility while the patient is in the hospital and when he returns to the clinic, focusing with him on the meaning to him of his illness and of his medical experiences. She refers him to Miss B for questions as to how things are at home, what it will be like to return there, what the separation means to his wife and children and to him, what his plans are for future activity and employment.

3. An additional consideration is involved if the illness is to be prolonged and disabling, as, for example, when gastric resection is necessary. Miss A may take full responsibility for ongoing service to the patient, Miss B to continue with the wife and children, or the casework approach of each agency may be modified.

Any of these plans has its disadvantages. One cannot partition a patient, the sick role should not be unduly prolonged (though at a point it must be indulged), neither worker is in command of the whole situation (as the family worker knows the intimacy of the home and the medical social worker knows the intimacy of the hospital) communication of knowledge is not the same as firsthand knowledge, fortuitous factors enter in to change the focus of care. Obviously each situation must be decided on its specifics. We are attempting to define here what criteria will serve as guides. Once we have handled criteria with our minds, our attitudes may better fall in line.

CRITERIA FOR COLLABORATION

1. What is the major focus of the problem?
2. What elements of the problem are amenable to, and call for, continued casework treatment? That is, is the casework focus on help with the change in family and social role necessitated by illness, or is it on the adjustment of patient and family to the requirements of the illness? Clear diagnostic thinking is necessary to define that answer.

Co-operation Between Social Workers

3. What elements of the problem are amenable to solution by enabling or interpretive measures? Which can be provided by either worker?

4. What is the physical disability and expectation? What are the specific effects of this disability on social and psychological functioning? in most people? in this specific person? Casework focus must be in terms of casework goal, and casework goal must take into consideration the somatic goal.

5. What are the factors of time, transportation, and geography which make it more convenient for the patient to see one worker than the other?

6. Are there reasons why there must be close continuing relationship of worker to medical personnel around the care of this patient, as occurs in a rehabilitation setting?

7. The major criterion is that of relationship. Theoretically, any worker can command the same skills, attitudes, and knowledge as any other, and can be as helpful to the client. The practice of collaborative work demonstrates that relationship is not readily transferable.

IMPLEMENTING THE CRITERIA

Sharing of Case Dynamics. One cannot in a brief outline do justice to the case dynamics which form the basis for decision case-by-case as to the role of each agency. Some of the specifics which bear upon the dynamics of the medical social case have been indicated. Their refinement is insufficiently understood even by those whose practice is concentrated on this type of problem. The fact that the caseworker inexperienced in work with the physically ill cannot be expected to grasp all its implications is a major reason for the sharing not only of information but also of concept between the two agencies. Along with case dynamics, the other consideration vital to co-operative activity is that of worker attitude.

Attitudes of Mutual Respect. If we are to work co-operatively for the benefit of our

clients, we must: (1) mutually respect each other's judgment and competence; (2) share facts, knowledge, and concept with confidence in the use that will be made of them; (3) enlarge the scope of our thinking to include pertinent considerations from other disciplines; (4) see every situation whole and seek the additional perspective another can offer; (5) discipline ourselves to manage both identification with our own institution and recognition of the right of the other institution to its own policies and procedures; (6) be creative and imaginative enough to seek modification of policy where client need calls for it; (7) extend our creativeness to include what can be done in the community as a whole toward better meeting client need.

In short, each worker needs to identify with social welfare as a whole, with the field of social work, and with the discipline of casework, all in behalf of the client—and with mutual respect—and self-respect. No one of us has the responsibility to be equally expert in all aspects of the relation of casework theory to specific practice. In fact, our field is so rich that no one can be. Each has the right—and the obligation—to leave it to his colleagues to know more and to function more effectively in some connections than he without feeling either reproach or deprivation!

As an illustration: A worker with three years' experience in a prenatal program is worth three times as much to that program and to her clients as the worker, however wise, who has had only three prenatal clients in all her seasons of skilled professional practice. Equivalent expertness is developed in child care, marital counseling, or adoptions.

APPLYING PRINCIPLES REALISTICALLY

The principle on which co-operative work is based can probably be stated simply. Casework skills are applicable to a certain range of human problem wherever that problem is found—in the family agency or

court, school or hospital. As caseworkers we are using the same diagnostic and treatment skills wherever we work. And as the possessors of communicable skills, we should be able to communicate. What worker A has learned of the patient in the clinic, what she has done on his behalf, should be entirely relevant to worker B in the family agency, as she sees and works with her client. The client is the same, the essential problem is the same, and the casework knowledge and skills are the same. If we believe that casework is generic, then our performance as medical social workers and as family agency workers is so closely related that ready interchange and full accord must be the rule rather than the exception. This fact does not deny that there is difference—in emphasis, in specific knowledge and experience, in where the client is when we meet him.

Corollary. The writer would like to ask whether, in practice, the principle is oversimplified. Are we doing ourselves and our field a disservice by overlooking what seems to be a major corollary? That is, the statement that casework is a basic skill adaptable to many uses with different clientele and in relation to different health and welfare purposes, would seem to imply that those are adaptations of the basic skills which can be made, and should be made. In the use of skills it is necessary for the worker, whatever his setting, to include in his diagnostic thinking and in his determination of focus the full range of pertinent considerations, including the total constellation of relevant biological, psychological, and sociological considerations.

A healthy organism has adaptive parts. In emphasizing our organic relatedness we may make the mistake of undervaluing some of the essential differences or, as sometimes happens, of assigning status to certain adaptations in terms extraneous to their usefulness. For example, there is sometimes heard the implication that that which is tangible is not pertinent to a real craftsman, that work in conjunction with other

professional disciplines is "secondary" to those disciplines, that what is done in relation to a current realistic need does not involve the whole range of knowledge and skill.

Question: *Are we overlooking the real nature of compatibility when we deny the values of difference?*

Status. It is natural to grant that casework is practiced in other settings than our own but to reserve the opinion that it is only here that there is knowledge, skill, and judgment. Again it is natural to feel that the grass on the other side is greener, that others deal only with motivated clients, have all the time that is needed to arrive at and test out a casework plan, are not involved in time-consuming jobs which do not require one's full range of skill. It is natural to feel differences in status, to assign status to factors that are extraneous to the need for and the worth of the job to be done, to become defensive and to expend energy in defense that should go into constructive action.

True status cannot be conferred, is not inherent in certain areas of service and missing from others, cannot be attained by advertising. It must be earned and is earned only by an honest job well done.

Question: *Are we defensively assigning false values when in reality we have earned, and are earning, the security that comes from self-investment in human need?*

SUMMARY

Co-operative work necessitates knowledge by each of the other's policy and procedure and of the specifics that may affect co-operation.

It requires diagnostic skill and focus and, equally important, requires mutual respect between workers and between agencies.

Mutual respect is enhanced, not weakened, by the recognition of differences.

In a field of such complexity there must be specialization if there is to be mastery of the data with which its practitioners are confronted.

Co-operation Between Social Workers

Training and basic competence do not alone constitute the armamentarium of the caseworker, whose expertness also develops through experience in perceiving, thinking, and doing within the context of a specific type of problem situation.

Rather than detracting from, a specialization contributes to the body of knowledge of a profession. On the other hand, the status of the individual practitioner is related not to the area in which he practices but to his ability. Whatever the setting in which he practices his ability is tested and developed as he gains experience in relating specifics to concepts and concepts to specifics.

The divisive forces are not those of concept, for in concept we find kinship. What divergence there has been seems rather to result from one of two causes. The first of these is oversimplification of the principles of generic functioning by which each worker may believe himself obligated to possess all possible expertness within the field of casework. The other possible cause for strain between two fields of service seems to be that of falsely attributing status, of deploring one's own status, or of overcompensation.

Stature, not status, should be our concern, and stature is within our achievement.

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PSYCHIATRIC SOCIAL WORK SECTION

BY MYRON JOHN ROCKMORE

A Psychiatric Social Worker in Community Mental Health

COMMUNITY MENTAL HEALTH as currently considered assumes a variegated hue, depending upon the professional discipline which views it. Indeed the length and breadth of "community mental health" have so far not been agreed upon, nor has the substance been found to fill these nebulous outlines. Nor is it possible to consider mental health from the additional dimensions of depth or height, *i.e.*, depth of program or height of ambition for the program. As far as weight is concerned, we would do well to avoid mention of the heaviness of the tax bill which our communities carry under this variously budgeted item. Frankly, in most instances when there is reference to mental health at the state level, we are really referring to activities largely confined to the care and treatment of the mentally ill, outpatient as well as inpatient.

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As efforts of psychiatry have joined with other professional disciplines (and the list of these added professional disciplines grows daily), the focus of efforts have broadened from the narrow confines of the mental hospital or the clinical psychiatrist's private office to the magnitude of being recognized as our country's No. 1 public health problem. Organizational efforts, hitherto sporadic or isolated, have grown in size and interest, recognizing that regardless of the primary identification they are in some way related tributaries of this mainstream of concern. The recognition of and publicity attendant on the size of the mental illness problem was crystallized as a matter of national concern twelve years ago with the passage of the National Mental Health Act. This piece of legislation would, in and of itself, make an interesting study if one could assess the impact of this act on the growth and development of mental health services to the communities of our country. The subtlety is not lost when we recall that the National Mental Health Act was an amendment to the Public Health Service Act. The provisions whereby grants were

Community Mental Health

made have markedly affected the state and local administrative picture and have served to place the spotlight on this problem where it belongs—in the community!

ADVANTAGES OF SOCIAL WORK TRAINING

The word "community" assumes interesting proportions, depending upon who uses it and in what context it is employed at a given moment. In social work the concept is probably most easily transmitted from social worker to social worker without misunderstanding. This is probably because in our training we have been geared to thinking of encompassable boundaries for our fields of practice. Social work programs are conceived and administered through individual and interrelated agency structures which seek to meet identifiable needs of individuals and groups within geographical boundaries. Community organization as such is an integral part of the social work curriculum. This obvious fact is stressed since it adds an unusual quality and qualification for the social worker who carries an assignment in mental health programs at whatever level he may function. It is a unique and undervalued part of our professional armamentarium which takes on considerable worth in interprofessional relationships. This is to emphasize that social workers bring to the concept of "community" an operational knowledge and sensitivity to factors which add up to the development of health and welfare services which is not matched by any related professional preparation. Even those professions which recognize the importance of forces in the community that influence the level of community health and welfare services do not have the preparation or method for dealing with the issues on a dynamic basis.

There are other aspects of our training which need not be spelled out here but should be mentioned as particular strengths we rely on as we apply social work education and experience to fields where we join with related professional disciplines whose

social welfare objectives are similar to our own. Some of the more easily identifiable are the ability to both differentiate and integrate functional responsibility, our taken-for-granted concept of supervision, our technique of the conference method, our basic professional attitude which recognizes both the right of the individual to self-determination, and the sense of responsibility for community welfare. These are the muscle and blood which make our professional body—augmented by the conviction which adds the heart, and our creativity which gives us head.

If we add nothing beyond these few ingredients of social work training and experience, we have a basis of appreciation of our complementary contribution to the professional preparation of psychiatrists, psychologists, epidemiologists, public health nurses, educators, lawyers, sociologists, anthropologists, statisticians, journalists, the clergy, and other professions involved in some aspect considered in the community mental health field. We should also make very special mention of an ever growing group who, while not identified by training as professional, have a key role in any program, that is, the informed layman! The social worker operating in various relationships with such a formidable array of colleagues must have assurance that he is prepared to contribute a variable of considerable proportions.

As social workers, we are taught that people have needs which they feel and express in various ways. These are expressed sometimes intrapsychically, sometimes environmentally, and more often in a combination of the two. As they are expressed in concert they become group needs and as the groups multiply in an identification around specific issues, ways to satisfy and resolve them are sought. Plans are made by these individuals, groups, and multiples thereof, and sometimes are implemented through organizations with a variety of structures and purposes. This academic formulation is seen in practice as voluntary agencies,

chest and councils, or legislation carrying appropriations for public agencies with service or grant programs. We have only to call the names of national annual fund drives or identify the various governmental services and institutions to labor the validity of this transposition. As these groups develop a history and are insulated with emotionally-charged motivation, they have become potent interests and influences in our communities. Anyone in a planning position recognizes them as forces with which to reckon.

OPERATION AT STATE LEVEL

The state level is an operational base which offers an unusual vantage point in the matrix just suggested. It is a midway point between federal and local participation. It is close enough to have an appreciation of the variations among the states which require broadly couched federal legislation to be locally applied and sufficiently geared to the service needs of localities so that practical measures of administration can be adopted. The problems are multiple and fascinating. One has only to scan the proceedings of the ten annual conferences of chief social workers from state mental health programs to have some appreciation of the ground covered. The recurrent themes of evaluating or designing community programs, training programs for community mental health, analysis of the role of the consultant, relations of public and voluntary agencies, the varied definitions of community clinic function and responsibilities are just samples to give the flavor and range of considerations of this group.

Implicit in state level responsibility is the cold fact that the social worker, whatever his job title may be, is a state official, usually in some executive branch of the government. Although the program operational responsibilities may be similar, one need only meet semiannually with the Northeast State Governments' Conference on Mental Health to have an appreciation of

the administrative variation in community mental health programs. They may usually be found in an administrative subdivision of state departments of health, welfare, or mental health. One can frequently find "bits and pieces" of the program in state education or other departments, not to mention that readily created legislative creature known as a "commission." A social worker moving in these channels needs rapidly to develop an awareness of interrelationships and means of communication if he is to identify and make use of the resources of the "agency" he represents. By and large, these administrative structural growths have interesting historical backgrounds which it serves well to understand. This is equally true of the individual patterns of state-local relations where the variation may also be important. For example, in some states the primary subdivision of government to which the state organization relates may be the county; in others the town may be the local operating unit of primary importance.

Another variable is found in the area of finance. The dynamic importance of money as a factor in the casework process is one from which the practitioner, until recently, has shied away. It is only within the last two decades that the literature has begun to be spotted with communications concerning fees. It is only within the last five years that a social casework agency was created to demonstrate that the individual public would buy and support such a service. This is an area in which our training is weak and our attitudes usually naïve. In the voluntary agency there has been too little appreciation developed of the chain of events which goes into making it possible for a caseworker and a client to get together in an office to consider, almost in sanctuary, a client's problem. Fortunately this is changing. Interestingly enough, as the practitioner has begun to appreciate more the dynamics of dependency in theoretical terms and our assurance of our professional identity has bloomed, we have been less reluctant to reserve money matters to the

Community Mental Health

market place. Our psychological understanding is just picking up the pace of our social work understanding of almost three decades ago when we knew that indiscriminate relief-giving was "pauperizing" and not motivating an individual. Now where fees are not charged we can talk of indulging a person's passive dependency needs. This augurs well for our professional maturity.

The social worker at the state level must immediately become familiar with the tune of the cash register. The commissioner of Finance and Control (and don't even underestimate the "control"), the Department of the Budget, the Comptroller's Office are the pivotal points around which the activities of community planning for mental health or any publicly supported program will revolve. The introduction of the program budget as a replacement for the line-item budget is a development to watch as an aid in planning program, and equally important in the interpretation of program to the fiscal and legislative authorities. The social worker at the state level who cannot communicate with his fiscal officer is all but fatally handicapped. The decisiveness of this relationship is further underscored when one realizes that estimates agree that more than 90 percent of the support for all mental health programs are derived from public tax funds.

The legislator is the spokesman for community need and the potential instrumentality to crystallize and implement this need. He is the individual who creates and nurtures a bill through the legislative process so that it becomes a mandate on the statute books which gives the latitude and the limits to a public official to move a program forward, or to be hamstrung. He is the individual who will decide whether the appropriations or finance committee will include, exclude, or restore items in the gubernatorial budget. The importance of communication in this area needs no emphasis; the delicacy of the relationship needs to be experienced to be fully appreciated.

However, it should be noted that the legislative statute itself has far more durability than the changing fortunes of the political leadership under which it was sponsored. This observation is added as a principle to the unwary social worker who may be tempted to leave the confines of his professional competence or lose the focus of his identification in the relationship.

Up to this point there has been an attempt to sketch briefly some of the complicated interrelated areas in which the social worker in mental health moves. Little note has been given the protective or correctional forces, the judicial components, or the state personnel picture. Nor has more than passing mention been made of the public health, public welfare, and education responsibilities. And yet each of these fields must be recognized as having a primary stake in the field of mental health, regardless of definition of the term. Each has grown out of a symptomatically expressed community need which has been translated into program by lay and professional collaboration. The relationships of these agencies, social institutions, and forces are difficult enough to define specifically, their relatedness to mental health, or even mental illness is more difficult—how they become co-ordinated is a daily Herculean task. Lest this appear to be overwhelming we have the comforting examples of the development of antiseptics before the discovery of bacteria, and control of typhoid by applying the lessons of empiricism. So today, without knowing the causes of most mental illness, we have an appreciation of some preventive efforts, some symptomatic treatment, some rehabilitative procedures, and are beginning to develop some realistic leads to extend and apply our knowledge.

IMPORTANCE OF LEADERSHIP

Thus the social worker at the state level must have a point of view, or at least develop a viewpoint. It is all too easy to become absorbed to the point of preoccu-

tion in the individual technical problems of the individual case. We can easily view with alarm the projected estimates of professional manpower shortages¹ in the face of a rising population and an increased clinical demand.² We can take refuge and comfort in proclaiming the need for recruitment, in increasing training facilities, and in supporting research. These positions are easily sustained in the face of the facts. However, before righteously pursuing this rainbow we must be certain that the people we have trained in the available knowledge are using both the training and the knowledge to the maximum in solving the problems placed before them. This means a clearer organization and utilization of our training and research talents so that their primary functions are safeguarded. The implication is that service agencies must primarily address themselves to the solution of community problems by employing their maximum skills only where indicated, and be aware of and use all community resources to the fullest extent. In this statement we have the seeds of conservation of scarce professional resources and the assumption of responsibility to make readily available our knowledge and skill, not only to individual clients but to related professions, not only to identifiable social agencies but to the host of organized efforts we have suggested earlier in this presentation.

Lest this exhortation seem out of context we need only remind ourselves of the difference in the rate of military psychiatric casualties in combat units which were attributable to a qualitative difference in leadership.³ That is to say that it is fair

to assume a similarity in potential for breakdown in a selected cross-section of population which will occur under a given set of similar experiences. The x factor was observed to be the leadership exercised in developing group identification. As we begin to analyze populations and have more appreciation of subclinical problems, we may be able to design and implement programs of much broader effectiveness than our individualized clinical efforts which too frequently are misplaced.⁴ This should stimulate our overtures to leadership groups, e.g., teachers, public health nurses, PTA's, industrialists, and civic leaders. It also illustrates the areas in which leads to developing mental health principles can be pursued.

COMMUNITY-BASED SERVICES

It is less than four years since the Biometrics Branch, NIMH, inaugurated a system of clinic reporting for psychiatric outpatient community services. Some data is beginning to trickle through and will in time become a torrent of information on which to plan. For example, a tiny bit of data—of 1,234 clinics (95 percent reporting), 91 percent of the professional manhours are given in metropolitan areas comprising 57 percent of the population. Of interest is that 38 percent of the total professional clinical time is supplied by social workers. Incidentally, 64 percent of the clinics are federally or state-aided or operated.⁵ In the social work field the work of Community

¹ George W. Albee and Marguerite Dickey, "Manpower Trends in Three Mental Health Professions," *The American Psychologist*, Vol. 12, No. 2 (February 1957), pp. 57-70.

² Daniel Blain, M.D., and Robert Robinson, "Personnel Shortages in Psychiatric Services," *New York State Journal of Medicine*, Vol. 57, No. 2 (January 1957).

³ Herbert X. Spiegel, "Preventive Psychiatry with

Combat Troops," *American Journal of Psychiatry*, Vol. 101, No. 3 (November 1944), pp. 310-315.

⁴ Forrest N. Anderson and Helen C. Dean, *Some Aspects of Child Guidance Clinic Intake Policy and Practice*, Public Health Monograph No. 42 (Washington, D. C.: U. S. Department of Health, Education, and Welfare, 1956).

⁵ Anita K. Bahn and Vivian B. Norman, *Characteristics and Professional Staff of Outpatient Psychiatric Clinics*, Public Health Monograph No. 49 (Washington, D. C.: U. S. Department of Health, Education, and Welfare, 1957).

Research Associates in extending their initial findings of 1948 in St. Paul is being currently reported.⁶ Here we have the data illustrating the need, and offering a method for a co-ordinated effort to relate to definable problems. The public health field has in recent years begun to beam its techniques⁷ on the field of community mental health.⁸ We have also heard some preliminary content of the work of the Joint Commission on Mental Illness and Health, and expect that this group will add to our factual knowledge. The prodigious efforts of the Council of State Governments in gathering data in the mental health field has been extremely valuable. These are signs of the times that the related mental health fields can no longer operate on considered professional opinion alone, without the data to support such opinion. Nor can we expect or do we deserve support for our programs if we cannot interpret them successfully. We have examples of clinical services—well organized, staffed, and financed—which folded after a few years, principally because they were unable to recognize community forces or unwilling to be flexible, or just unaware of their unrelatedness to the community or its demands for service. There may be some correlation between this observation and the statement that less than 6 percent of clinic time is used for other than treatment time.⁹

⁶ Bradley Buell, Paul T. Beisser, and John M. Wedemeyer, "Reorganizing to prevent and control disordered behavior," *Mental Hygiene*, Vol. 42, No. 2 (April 1958), pp. 155-194. See also Donald B. Glabe, Leo J. Feider, and Harry O. Page, "Reorientation for Treatment and Control," Supplement to *Public Welfare*, Vol. 16, No. 2, (April 1958), pp. I-XXIII.

⁷ "Epidemiology of Mental Disorders," (eleven briefs) *Public Health Reports*, Vol. 72, No. 7 (July 1957), pp. 572-597.

⁸ *Evaluation in Mental Health—A Review of the Problem of Evaluating Mental Health Activities*, Public Health Service Publication No. 413 (Washington, D. C.: U. S. Department of Health, Education, and Welfare, 1955).

⁹ From statement by Curtis G. Southard, M.D.,

Perhaps the implementation of the community mental health center idea will fill the void left by services addressing themselves to highly specialized needs. A comprehensive agency needs to be available to provide the gamut of services necessary to insure the continued responsibility to see problems to a conclusion. The necessary differential diagnostic services for sound case planning and follow-through would be at hand. We would be less concerned with the policies of short-term or long-term treatment and more attuned to case needs based on realistic objectives. Our services would become community based and not "case-bound."

The implications for social workers are becoming clearer. As they move into administrative and policy making positions, especially after years of clinical experience, they are in a strategic position. In their roles as planners of community services in chests and councils they are equally influential in asking for an evaluation of agency services and can establish the measure whereby they serve the community. In these councils the procedures of communication and integration are developed. It is at the decision-making level that the functions of agencies are determined. The translation into services to people becomes a technical problem of adaptation. This was demonstrated by the World War II military mental hygiene units and consultation services. Those "agencies" could not close intake or build waiting lists. They worked out solutions to problems within the limits of their resources and within the reality limitations of their "community." They dealt with acute, chronic, and recurring problems and demonstrated that they were helpful to individuals and effective to the "community" which sponsored them. This was accomplished by developing an under-

Chief, Community Services Branch, NIMH, at the Eighth Annual Conference of Chief Social Workers from State Mental Health Programs, St. Louis, Missouri, May 17-19, 1956.

standing of the individual clinical problem and looking beyond it to the dynamic influences in the military environment which could be brought to bear on the amelioration of the difficulty. This involved open channels of communication, an intimate knowledge of resources, and the ability to affix the continuing responsibility for the problem.¹⁰

OPPORTUNITY FOR SOCIAL WORKERS

The psychiatric social worker in a community clinic has a similar opportunity. In the clinical process he is the integrating member of the clinical team, who at the case level brings cohesion to the service. He has an opportunity at any point in his clinic performance—at intake, at case conference, during treatment or at the closing of a case—to relate the understanding of the patient's pathology to dynamic community factors, which may help or exacerbate the problem. At the supervisory level his influence may be broadened. He can be the interpreter of the community and its needs to the clinic staff. At the administrative level he must participate in policy-making and introduce the reality factors which in the final analysis govern the practices of the service. In his interagency contacts, he can strive for a down-to-earth appreciation of what clinical services have to offer and where continued social agency help is indicated. He is in the enviable position of preventing a retreat to the ivory tower on the one hand and, to mix a metaphor, he can puncture the balloon of clinical omnipotence on the other.

At the consultant level, the field is wide open. Here the social worker moves from a position of authority, even if sometimes it is only an aura of expertness. From this overview it is possible to develop an appreciation of the community resources, or

lack of them; of the agency interrelationships, or lack of them. It is vital to identify the community leadership and involve these moving interests in participation for the planning of services. Usually unhampered by local operational responsibility, the consultant has considerable mobility in addressing himself to the problem for which his services are sought. As he is able to help those engaged to define their problems and assess their resources, he has an opportunity to assist in creating a solution. If he is able to avoid becoming involved in factions and sticks to issues, his chances of success are increased.

We have studiously avoided attempts at definition. We have just as carefully refrained from an enumeration of principles. There has been an attempt to identify some of the prerequisites of professional knowledge and assurances, to apply to a number of variables we are just beginning to appreciate as having a bearing upon the state of a community's mental health. There is the suggestion that our individual case efforts have a potential for a wider application if we apply our knowledge so gained in the creation of integrated services. There is the recognition of a growing body of fact upon which to plan and a broader horizon of participation. There is also the inference that we need to set some of our sacred cows out to pasture. Running through the content is the need to transpose our understanding of dynamics into terms that are practical and able to be communicated.

To participate in community mental health programs, one must avoid blueprints. There is no formula that can be didactically transmitted—no less nor more than casework can be taught or learned through memorizing a set of rules. There must be an awareness of oneself, one's attitudes, knowledge, and convictions. Add to these a willingness to be of help and the ability to evaluate and profit from experience. With these qualifications, a strong heart, and a thick skin we welcome you to our ranks.

¹⁰ Frank T. Greving and Myron John Rockmore, "Psychiatric Case-Work as a Military Service," *Mental Hygiene*, Vol. 29, No. 3 (July 1945), pp. 435-506.

SCHOOL SOCIAL WORK SECTION

BY RAY GRAHAM

The School Administrator Looks at School Social Work

EDUCATORS AND CITIZENS alike are critically evaluating our schools. Both groups are concerned that a great waste of time, money, and lives can develop where there are children in any school who are not learning. The efficiency expert in any productive industry recognizes the necessity of patterns that tend to eliminate or lessen waste. The greatest wastes in school are those where a child does not succeed or grow in proportion to his potential.

A manufacturing industry may have a modern plant, well-trained personnel, and progressive methods but, in the long run, the balance sheet must show an output that is acceptable and that stands the test of usability and results. A machine that has flaws or will not run is unacceptable.

The finished product of a school is the child. If the child in school has not developed into a usable product, he represents waste. If he goes through school with flaws, he will not meet the test of efficient usability. If he is turned out of school with gears that do not mesh, he will be a failure and will represent a failure of the school.

The school, like industry, must look at

both the efficiency of operation and the quality of production. The character of the finished product is dependent on the treatment of the raw material. The child who is unhappy in school, or who is not succeeding, or who cannot keep up with his class must first be prepared for the education mold. The school must, therefore, find ways to correct the flaws in the children who cannot benefit from the school program. The bent child must be straightened, the rusty pupil must be scoured, the discouraged child must be toned up, and the unused child must be removed from the scrapheap.

School reports often do not show waste, even when it is known to exist. Generally, they only show the achievements. A report card with low grades indicates some of the liabilities. Irregular attendance, drop-outs, failures, discipline problems, and children not in harmony with their school tasks are large items on the liability side of the school ledger.

Twelve years ago, in a midwestern state, four superintendents of school districts met to discuss the problems of children in school who seemed to be "out of joint" with themselves and the school and who were, therefore, not profiting acceptably from the school experience, and who were in fact interfering with efficient and harmonious operation of the school.

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No one term describes the problems of the children they discussed. They included children who were failing in school work, shy or aggressive, gifted or handicapped, emotionally disturbed, truants, delinquents, behavior problems, unhappy, out-of-school, unable to adjust to social situations, from bad home situations, pampered, problems on the playground, not working up to capacity, not liking school, drop-outs, with few close friends, inhibited, starved for success experiences, unpopular, and many other problems. From the point of view of the school these children represent the liability side of the school ledger. The problem may be related to the poor mental health of some staff members. They represent the time-consuming element in many unsatisfactory relationships and conferences with parents. Too often they affect community judgments against the total school. Business firms develop efficiency practices to identify, study, and correct problems in personnel. The school should do no less. In a pattern of compulsory school attendance there can be no resort either to the dismissal of problem children or to ignoring the problems of children in school.

As a result of this informal meeting of four administrators, the State Department of Education was contacted for leadership in obtaining "consent legislation" for establishing services to give help to these children. Studies were made of the problem and of possible patterns of solution. It was discovered that many schools had made great progress in educational guidance programs, in psychological and clinical services, in special classes for handicapped, and in health services.

The question was raised as to what type of professional service was needed to help the school better to serve these "children with problems" so that (1) properly identified children could be referred to professional persons in the school staff who were particularly trained for working with such children, (2) children with problems could be skillfully helped to recognize their prob-

lems and find ways of securing satisfactory adjustment in the school situation, (3) the entire school staff could be helped to a better understanding of the total and basic problems of the child and of how the school could help in his restoration to successful school experience, and (4) parents and other community resources could be properly communicated with in the total approach to helping the child make this happy and profitable school adjustment.

The twelve years following this initial meeting of four administrators has witnessed: (1) the passage of permissive legislation for school social work services in public school districts, (2) state appropriations for partial support of approved programs, (3) the gradual but positive increase of school social work services to new districts and to districts where programs had been started on a limited basis, (4) records in those districts that indicate the great value of the service, and (5) a state-wide approval and interest in the service with a demand far in excess of the supply of trained personnel.

The problem recognized by these four administrators is the same problem faced by any school administrator today. It begins with a few basic concepts.

BASIC CONCEPTS

Educational policies and patterns do not develop merely because there are children. Neither do philosophies and practices for serving children with problems originate only because such children exist. In addition to children having problems and needs there must be a real conviction that the school has something meaningful and valuable to help them. Educational policies and practices grow out of the following beliefs and desires in our social, community, and educational responsibilities.

1. We accept the principle of educational opportunity for all children. Compulsory school attendance is an implement to support this precept.

Administrator Views School Social Work

2. When all the children come to school, there are many who have problems and who require special help in making successful adjustments. The child must bring all of himself to school. Part of himself will be his problems, his handicaps, his misunderstandings, and some of his family and community impressions and reactions.

3. Problems of children often develop slowly and over a long period of time. It cannot be expected that quick, superficial, or accidental methods will correct the difficulties.

4. The maladjusted child in school not only has his own problems, but he may contribute to creating problems for others in the school.

5. A satisfactory policy to help children must be basically preventive. Early identification and treatment are essential. Proper treatment follows skilled diagnosis and both are the foundation of correctional procedures.

6. Interwoven throughout modern social patterns in both local communities and the state are the overlapping networks of educational, health, and welfare services and responsibilities. Child welfare agencies, family services, public health patterns, and protective responsibilities are as fundamental to communities as are schools. A recognition of this philosophy of many resources working together to meet many needs is basic to a proper consideration of and co-operation with all of the public services concerned with the total child and his total problem and the total treatment of it.

7. The child in school is a responsibility of many resources in the school. The child with a problem in school is a responsibility of the principal, teacher, school nurse, special supervisors, and many others. Therefore, a service of school social work must be carefully interpreted, integrated, and accepted in the entire interdisciplinary pattern of the school. It is a part of the total school organization, not apart from it.

8. Social work is a definite and professional discipline practiced in many settings,

including the school. It should be recognized as such from the beginning. For proper orientation one will go to the professional organizations and training centers. It is not a question of inventing a new service—it is one of properly using a professional service that is already developed.

ROLE OF THE STATE

Public school education is a responsibility of the state. To meet this responsibility at the level of state government, legislation should be enacted. This legislation will (1) indicate the will of the state government that something be done, (2) define the responsibilities of the state administrative agency and of the local districts, (3) provide necessary regulations or limitations, and (4) determine the pattern of financial support.

Most state legislation is either (1) mandatory—mandating what schools must do, (2) permissive—stating what school districts may do, or (3) implied—indicating that a certain function is included in some broader statement of authority.

Most states in their general school codes imply the rights of local districts to establish such services as school social work as a part of operating a recognized school. Under these implied powers many school districts establish school health services, child study clinics, and so forth. The local district may use discretionary judgment in providing those facilities necessary to or beneficial in operating a school.

However, it is beneficial to have implicit rather than implied legislation. Definite legislation gives direction. It stimulates planning and development. Legislation defines a sensitivity of the state. This sensitivity is threefold: first, sensitivity to the problem and the need; second, sensitivity to designating authority for doing something about it; and third, sensitivity to clarifying responsibility.

It is generally conceded that permissive legislation is preferable to mandatory leg-

isolation in beginning new programs. Permissive legislation gives an opportunity for programs to grow in response to local district and community readiness and acceptance. It allows programs to develop slowly and soundly, but to move forward positively in response to this developing sensitivity. New programs must be geared in development to the supply of properly trained personnel. Mandatory legislation generally results in lower standards because the pressure is for establishment of programs rather than for acceptable patterns that meet professional standards. It is easier to develop correctly than to correct wrong developments. Programs hastily established under legislative pressure or mandate are not as a rule rooted in thorough community recognition of the purposes and functions of a well-defined and understood service. Interpretation and acceptance are essential to good organization and efficient operation. Since communities and school districts vary, successful programs must be tailored to community needs and not to hasty or poorly understood plans that are pressured by mandatory action. There is historical evidence to show that programs of this kind succeed best through gradual growth rather than from quick birth.

Since state laws must be administered in an over-all way at the state level, the responsibility and power for this function should be clearly defined in the legislation. This, then, becomes a duty of the chief school officer, state board of education, or state department of education. The duties of such officials should be defined and should include the right to make rules and regulations, to set standards, to properly interpret and implement the law. If not stated in the law itself, these regulations will have to provide for such factors as records and reports, selection of children for the service, qualifications of school social workers, supervision, case load, room and equipment facilities needed. If the legislative pattern provides for special state financial aid, it will also define the responsibility for the

accounting, certifying, and payment of claims for such appropriations granted.

The patterns of legislation will vary according to philosophies and policies of different states. In some states, school social work has grown out of patterns for special education facilities and services. In other states, it has developed from previous patterns for handling attendance problems. And in others, it seems to be an outgrowth of the increasing attention of schools to provide services that meet the needs of any or all children who have problems in school that interfere with successful adjustment and progress at any age or grade level.

The primary responsibility at the state level is to provide the authority and pattern that the local district will find helpful in developing the actual service as it is made available to the children needing it. The state should also assume a leadership role in interpretation, stimulation, and evaluation of the service to local districts.

ROLE OF THE LOCAL DISTRICT

The local district receives its authority from the state. At the local district level, the functioning program exists. Here the child is found and the service is given. It is therefore essential that a clear understanding of the program exist. Social work is a clearly defined professional service. Like medicine, it has its professional discipline well established. It is therefore a definite service that can be brought to the school. It has its professional and ethical code. It is equipped to do certain things. It is not equipped to do others. Occasionally we find attempts to use the name of the service and then to distort it into something else by making interpretations or applications that do not belong to it. We do not attempt to use a medical service and then add other functions to that service, or to take away any of those functions that belong to that profession. In the same way, school social work is a professional service—it is a discipline. It is of first importance

Administrator Views School Social Work

that the school realize this if maximum and satisfactory service is to be secured.

The school administrator is the key person in establishing a program. His leadership is essential in interpreting school needs and community sensitivity. He must assume responsibility for interpreting the program to his board of education, to the school staff, and to the community. He must have educational vision that is both farsighted and nearsighted. His telescopic vision will be trained on the goals and objectives of the program. His microscopic vision must be sensitive to individual children, to teacher problems, and to details of organization. He must understand the importance of acceptance, readiness, balance, and time in developing the program in his district.

The first two steps of correctly understanding the program and leadership are closely followed by the third step, that of interpretation. It is not enough that it be accepted by the board of education. It must be accepted by the staff and community. This acceptance means both accepting the children with problems and accepting the responsibility for helping those who need this particular service.

Staff and community readiness result from encouraging their participation in the initial studies of need and their exploration of the best adaptations of the service to their problems. Readiness establishes the climate for a successfully functioning program.

Balance includes a correct understanding of what a school social work program is and what it is not. Balance does not result if the discipline is trained to do one type of service but is expected to do another. In an unbalanced program, the guidance department will be uncomfortable if it sees this program as a threat to it. School nurses must understand the relationship so there is no encroachment on their discipline. The principal must see his responsibilities and relationships to this program in his building, and the teacher must see this resource

as a help—not a threat. This balance depends on understanding and interpretation.

Timing includes many things. Understanding and interpretation come first. Readiness and acceptance are an outgrowth of these first two steps. Then comes the time for organization and for starting the service. Timing is a matter of sequence. It is also quantitative. Too little time to assure understanding can result in nonacceptance, difficulties, and failure.

In establishing and administering a program of school social work at the local district level, the selection of the interviewing room merits a great deal of attention. The room in each building should be close to the principal's office and to the school records. A first-floor room is accessible to children and to parents who come for consultation. The dignity and value of the service is closely related to the quarters provided. Children with emotional and social problems and their parents need to be assured that the conference is private and will not be interrupted.

A private telephone, a locked file, and clerical service are essential to correct functioning of the program. Since most school social workers serve more than one building, a carefully arranged schedule is important. The school staff should know when the social worker will be in the building so that maximum preparation for the use of his services will be assured.

Classroom teachers will be a primary source of referral. They should be encouraged to refer children early, before the stresses of school experiences increase the problems of preventive procedures. The principal, other school personnel, parents, community agencies, and children themselves will make referrals, which are cleared with the teacher and principal. The referral form and procedure should be understood by all.

Records and reports are essential instruments used in a good program. The trained worker will use these effectively. Attention to an appropriate case load, proper filing

equipment, and clerical help will assure proper functioning and will conserve the time of the school social worker for the essential duties he is trained to give in serving children. Records must be kept confidential to insure acceptance of the service.

The administrator's awareness of the importance of securing school social workers who have capacity to understand the purpose of the total school and who are sufficiently flexible to use their knowledge and skills in a comfortable manner is essential. The appraisal of these qualities cannot always be determined fully, but indications such as ease of manner, nontechnical use of language, capacity to listen sensitively are characteristics which should be considered in the evaluation. Since the practice of social work in the schools requires

some specific applications of professional practice which differ from those in a social agency, it is sound, when beginning a new program, to employ a worker who has had previous experience in school social work.

The success of a school social work program in the school is largely determined by the degree to which the school social worker becomes part of the total faculty of the school. School social work should be considered an integral part of the school program and the school social worker an active participant in school committees and school meetings, both professional and social. It is only through such belonging that the social worker can make his maximum contribution to the school. The school administrator can establish the climate in which this is possible.

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SOCIAL WORK RESEARCH SECTION

BY WILLIAM E. GORDON

The Future of Social Work Research

A DOZEN YEARS ago it would have been hazardous to predict that researchers in social work would become an integral part of the profession. There were questions about how much they had in common both with each other and with social work. Not all the questions have been resolved to everyone's satisfaction, but a substantial number of researchers now consider themselves members of the social work profession and are accorded professional status by other social workers. Social work research has moved rapidly in its short past. What is its future?

For the moment the social work profession seems to be reasonably clear, if not wholly agreed, on the conditions under which researchers may belong to and be accepted as members of the profession. Researchers and the profession in general are less clear concerning the role the researchers are to play, the responsibilities they should undertake as a concomitant of their admission to the profession.¹

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There are three lines of development, only partially suggested by the present program of the Social Work Research Section, which bear upon the role of research and its future. One of the lines leads to broadening the professional practice of social work research well beyond the more traditional activities of conducting studies. Development in this direction would expand the role of the researcher further into the earliest stages of research and make him more helpful in clarifying what it is people

¹ The question of the researcher's professional role in social work was not necessarily made simpler by including researchers in the profession. At least implicitly, the inclusion of research in the professional organization invited a distinction between social work researchers, and those with other professional or academic identifications who were engaging in research in social work. It unquestionably favored the moving into social work research of those who were already well identified with the aims, objectives, and values of social work, and most informed about it. It unquestionably discouraged from moving into social work those whose orientation, training, and knowledge were most firmly rooted in other disciplines or professions, and whose identification with social work was neutral or possibly negative. As a result, researchers may have become so much like social workers in general that their capacity to contribute to the profession has been impaired.

want to know.² In consequence he would be in a better position at the conclusion of the study to help people incorporate the results of studies into their thinking. Another line of development lies in a more penetrating examination of our research tools, of the type of research thinking we bring to social work, and of whether the latter is getting the profession anywhere either in social work education or practice. The third line of development is perhaps the most crucial since I think the ultimate future of social work and of social work research depends upon it. It is to examine seriously and thoughtfully who the social work scientist is going to be, and whether the social work researcher is going to take on this job.

BROADENING THE PROFESSIONAL ROLE

Those who have been engaged in actual research in social work organizations or programs for any length of time are aware of three different kinds of problems. One of these with which we are most familiar, of course, is actually designing and carrying out a study itself so that the results have any validity and meaning. The two other problems concern finding out from our colleagues what they really want the study to focus on, and insuring that they will be influenced by the findings when we think those findings have some validity. With respect to the latter problem, if studies confirm what was believed before, the question is raised of why we go to so much bother to prove the obvious. If the studies do not confirm what was believed in the first place, the findings are apt to be regarded as quite incomprehensible or invalid. This behavior is not peculiar to social work, and I mention it primarily to remind us that the best-conducted study has little impact on the profession or contributes little to it if the study does not hook up in the

first place with something relevant to the profession, and if the findings do not get into its thought stream. As I have watched researchers operate with committees and have reviewed their references for jobs, I have been impressed by how far their ability to collect and analyze data exceeds their ability to make it relevant and feed it into the thinking or decision-making process.

The problem of focusing a study at the center of a committee's or group's concern and of achieving some feedback to its thinking is of greater concern to the professional social work researcher than to the social scientist. The latter, as a scientist and theory-builder, is quite properly concerned with studies which test hypotheses relevant to the body of theory he is trying to extend. He is much more apt to be interested in explaining what he sees than in changing it, in testing a particular brand of hypotheses than in establishing simpler facts for a group's decision-making. The social work researcher, however, if he really be a social worker, cannot practice without close attention to those whom he serves as a professional practitioner.

As social work researchers and others are increasingly used as research consultants to professional groups, it becomes more important to define the professional research role more clearly and to look to the techniques that work and those that do not in the business of being responsibly helpful in this role. The researcher himself could well consider how he can assist a group to find the center of gravity of its own problem of interest and refrain from injecting unconsciously his own research questions and from structuring the questions in such a way that his own pet methods and theories can be put to use. The researcher could give attention also to how he can use his presumed conceptualizing ability in such a flexible way that he can offer different possible ways of approaching a problem of concern to a group he is trying to help. He may find he is not as flexible conceptually as he thought and that he has only one

² Not to be confused with telling them what they ought to want to know.

Future of Social Work Research

design to offer, albeit in various forms, whether that be prediction, correlation, scaling, or whatever.

The researcher also needs to sharpen up considerably his ability to recognize when certain characteristics of social work thinking are operating and how to handle them without insulting those whom he is trying to help. He must learn to accept that social workers occasionally use the word "semantics" but have not learned its first lesson—namely, to keep words and things separate in thinking and talking. He must be sure he has learned this lesson well himself. He will find that some of the questions of most interest to social workers center on what is social work, what is consultation, supervision, community organization. He will have to help them avoid pursuing a study of these figments of their imagination in the same way one would the study of a natural entity whose discreteness is established perceptually rather than cognitively. He will need repeatedly to remind them that these terms can be whatever they want to define them to be. He will have to help them decide whether they want to study real instances of people doing what is often referred to by one of these labels such as consultation, community organization, and so on, or whether they want simply to conceptualize more clearly the idea to which the label is attached. The consulting researcher must be prepared to accept that few questions of fact are of any real interest to most social workers. He will be forced to conclude that many of the problems social workers bring to researchers are problems of conceptual ordering, problems of how one can think about something in more manageable terms and more neatly than most social workers think. The researcher, if he has studied the history of science and philosophy, will recognize that social workers' questions at the abstract level are much more like the questions of philosophers than the questions of scientists. He will better understand the greater appeal for many social workers of those social

sciences which are philosophically rather than scientifically oriented, of those social sciences which stress the verbal and conceptual neatness of their formulations more than any testable correspondence of these formulations to the raw data coming from objective observation.

The consulting researcher will also have to accept and deal gently with the fact that most social workers are more interested in the *how* and the *why* of things than in the *what*. He will discover this most quickly when he attempts to find out what social workers really want to know from a study they have asked for help in planning. He will find that social workers most often want to know *how* they can do something more effectively, whether it is selection of a foster home, helping a patient to become rehabilitated, or whatever. He will find also that social workers show greater interest in *how* to get on with a study than in *what* they want to find out.

Next to *how* questions, the consulting researchers will find *why* questions of great interest to most social workers. Why do children become delinquent, patients postpone surgery, communities not meet their United Fund goal? The researcher must learn to be patient with the fact that social workers want to go directly to the *why* without the tedious difficult steps of dealing with the *what* before any inferences about *why* can be risked. He must be prepared to accept that social workers are generally prepared to deal with conclusions about causal connections at the very time when they are making their observations, and are quite unappreciative of the long struggle that scientists have had with the question of when causation may be safely inferred from masses of objective data analyzed by the most careful procedures and governed by the most stringent rules of logic. In brief, to relate research practice effectively to social work requires the same kind of sensitivity and understanding of cognitive behavior as is expected of emotional behavior.

IMPROVEMENT OF METHODS

The second line of development in which the Social Work Research Section has already made a start is the improvement of our research methodology. I do not think it is coincidental that so many social work studies have feet of clay in the sense that they plod far behind the front line of knowledge that seems to be gained directly from practice. Even when our considerable array of tools is used by the experts, the conclusions we reach in most instances run a poor second to what the practitioners seem to learn from practice itself, if we assess the two productions by utility in dealing with real persons, groups, communities, programs, and so forth. I agree we must continue to remind the practitioner that what he thinks he knows is largely based upon the uncontrolled, not very conscious accumulation of impressions which have fortified prior assumptions. However, we also have a responsibility, I believe, to develop a demonstrably superior way of learning from practice, which makes use of the principles of objective observation and disciplined conclusion by which we set such store. I have long been concerned that while we wait for our laboratories and experimental agencies and research centers, we do so little to cultivate the opportunities our far-flung practitioners have daily before them. It is doubtful if any other profession or group has the opportunity of learning about so many different kinds of people in so many different kinds of real life situations, as does the collection of individuals called social workers. Research, it seems to me, has made only limited effort to utilize this opportunity, and much of this effort has been in the wrong direction. Effort is most needed, not in the direction of a different kind of case record or more elaborate analysis of such records, but rather at a more fundamental methodological level. Here I see two promising lines of development. One concerns the development of more manageable units of

observation for the practitioner. The other concerns a more critical look at the incongruity between the researcher's traditional approach to the analysis of data and the way the social worker selects data to guide his practice.

UNITS OF OBSERVATION

First let us look to our units of observation. The researcher knows and the practitioner knows that some kind of partializing is essential to both study and practice in complex situations. One literally cannot observe and record or even give conscious attention to all that might be observed in a one-minute interview. It begs the critical question to say meaningful wholes cannot be partialized. It is not a question of partializing or not partializing, but rather of what kind of partializing will be done in order to permit making any consciously controlled observations with sufficient objectivity to be useful. The researchers, it seems to me, have been content either to accept the largest unit that the practitioners think they use or to tear apart all the units of meaning to the practitioners. For the caseworker the meaningful unit is apt to be the whole person, that is, the whole case throughout the period it is active. While it is true that any datum on this *whole case during active period* has meaning to the caseworker in relation to practically every other piece of data, it does not follow that nothing meaningful can be learned by considering any smaller unit, or partialization of reality in the professional practice of casework. The researcher's mistake has frequently been to insist on partializing what the social worker demands be kept whole; thus he proceeds to study a number of traits of a client, e.g., his age, length of employment, marital adjustment, and so on. If he finds anything at all, and he generally does not, the caseworker pays no attention to it because at best the researcher can demonstrate only

Social Work

Future of Social Work Research

the crudest kind of relationship between his partials and anything else.

What the researcher has not tried hard enough to do is to find some units that the social worker can and does recognize as discrete enough to be regarded as wholes. An example of this, which has been tried out, is a conference with a member of a professional team concerned with a hospital patient.³ While the social worker could rightly insist that this conference-about-a-patient was conceptually an integral part of the *patient-being-helped whole*, it was also an undeniably discrete phenomenon at the observation level, if only because it could be clearly differentiated from other phenomena; *i.e.*, there was little question about one's having or not having an instance of an interdisciplinary conference. Furthermore, one can accumulate observations about a population of interdisciplinary conference as one might accumulate observations about a number of cases, and thus open up the possibility of generalizations about the phenomenon of interdisciplinary conferences. What is being suggested here is not the stubborn partializing of wholes that are an integral part of the social worker's way of conceptualizing his world of practice, but the locating of some different partials at the observational level that have a perceptible, undeniable discreteness as phenomena worthy of study. Social work researchers could well explore further the almost unlimited opportunities for establishing smaller units of observation to which practitioners could relate without violating their sense of wholeness at the conceptual level, and which can have relevance to questions which concern them.

MAGNITUDE VERSUS SIGNIFICANCE OF VARIABLES

The second line of methodological development concerns an examination at a very fundamental level of the researcher's tra-

ditional approach to gathering and analyzing data. The researcher's basic approach is usually to seek one or a few prime variables, or prime factors, which can account for or predict certain conditions and outcomes. His only concession to the multiple factor, multiple causation approach of social work is to accept that some factors may have different degrees of influence or different weights (multiple correlation or factor analysis). This approach leads the researcher inevitably to want data that are comparable across a series of cases so that he can pursue one variable such as age, IQ, adaptive efficiency, or whatever, on the basis of some estimate of its *magnitude for every case* in the study. The researcher is generally unable to proceed with a sample of cases if data on one of the variables he has chosen to examine are simply not recorded in many instances. To the researcher this usually means he cannot safely make any generalizations if, in half the cases, there is no information on the variable in which he is interested. The researcher's basic approach is essentially the pursuit of certain variables across all cases to determine their magnitude in each case as a basis for determining what general strength these variables, or the factors they reflect, have in the scheme of things.

The social worker, however, is not very interested in or sensitive to the *magnitude of any variable* in an actual instance of reality. His interest and sensitivity relate to what the critical variables are in each situation, not to the magnitude of any one variable. He will, for example, assess such variables as education, income, job satisfaction, marital adjustment, not in terms of their degrees relative to some norm, but in terms of how critical each one is in the case at hand. The aspect of a variable important to most social workers is the *strength of its effect in each case*, which is often quite unrelated to its magnitude. The researchers, however, plod doggedly on with rationales based squarely on the assumption that the effect and therefore the

³ *A Pilot Study of Medical Social Workers' Interdisciplinary Conferences* (New York: National Association of Social Workers, 1956).

significance of a variable depends upon its exerting an effect *proportional to its magnitude*. Not to do so would deprive the researchers of most of their statistical tools and in some cases leave them with little other recognizable methodology.⁴ The social work researchers and the social scientists to whom they sometimes look for method might well turn to the biological and physical sciences for conceptualizations which are not dependent upon either the assumption of the continuous variable or the variable whose significance at any time is proportional in some way to its magnitude (quantum and critical factor models).

SOCIAL WORK RESEARCHER AS SOCIAL WORK SCIENTIST

The last question—to whom should social work look for its scientists, or more specifically, should the researchers consider becoming the scientists of social work?—I can only touch upon here. I would have preferred to devote the whole paper to that, since I believe the future of social work research hinges rather directly on the answer to this question. This question has meaning only if one assumes that social work will, like the whole American culture, become more concerned with the way scientists approach the world, that is, that social work will increasingly base its practice on the conscious use of explicit knowledge and less on intuition and inarticulatable implicits. The point of view is growing that social work practice should be based upon much more than articles of faith and philosophical derivatives. We can expect the profession of social work to become increas-

ingly concerned with the development of consciously graspable, explicitly communicable knowledge—knowledge which has also been validated, to some extent at least, by its efficacy in dealing with people and their problems in actual social work practice. The business of building consciously graspable, explicitly communicable knowledge validated by efficacy in dealing with here-and-now reality is the business of scientists.

At the moment the science of social work in this sense is largely an unrecognized and untended part of the profession into which a very few hardy social workers venture, and only an occasional scientist from another discipline or profession takes a casual look. It is perhaps too much to expect that a fledgling part of the profession, still bruised from battering its way into the profession, should take on a function on which the future of that profession rests. Some of the obstacles reside in the researchers themselves. I strongly suspect that if the social work researchers tried to become scientists, their first step would be to try to elaborate the research method to become a scientific method. We have precedent for this in what we have done to research itself. Research as so often conceived, and taught, I fear, is a collection of techniques and procedures which we have tried to make palatable to social work by hitching them to a *method* or *process* frame of reference. For example, in an official document of the researchers reissued not long ago, research is summed up as a "process characterized by a certain sequence of activities, none of which is unique to research but each of which is essential."⁵ I am not particularly interested in how research is defined. I am concerned with the prevalence of the idea that, by engaging in one prescribed set of activities, you get

⁴ The writer does not wish to have this view confused with the philosophical argument of holism. The latter may be used to rationalize unwillingness to partialize or observe where certain conceptions are involved, and is reminiscent of the old battle waged on the scientists by the philosophers who saw one after another of their rationalistically impregnable citadels crumble before the persistent advance of the partializing, observation-seeking scientists.

⁵ *The Function and Practice of Research in Social Work*. Collection of 1951, 1952, and 1953 Annual Reports of the SWRG Committee on Function and Practice of Research in Social Work (New York: National Association of Social Workers, 1955), p. 6.

Future of Social Work Research

closer to truth than by engaging in some other set of prescribed activities. Even implicitly to define truth or good knowledge as what you get by following a sequence of procedures is truth by definition, that is, by definition of how you get it. The history of mankind is replete with the terrible consequence of establishing truth by definition, either directly through pronouncement or indirectly through procedures required to reach it. The approach used by scientists, if they are scientists, is *not* procedural. They recognize that adherence to the best procedures guarantees nothing in the way of validity. It only reduces a little bit the likelihood of making nonsense. If there is a scientific approach, it is no more than a collection of preventive concepts and procedures—aims to reducing man's eternal tendency to error and nonsense, aims to keeping somewhere in the direction of truth, but no guarantee of arrival. If the researchers were to become scientists of social work, they would need to leave behind for the technicians any tendency they may have developed to rely on patterned process and technique.

OBSTACLES

The social work scientists would encounter some problems the researchers have struggled with, and also some very significant ones that the researchers have not felt it necessary or appropriate to deal with. The social work scientist, like the researcher, would immediately encounter the problem of vagueness and heterogeneity in the theoretical formulations in social work. Unlike the researcher, the social work scientist could not retreat from this theoretical wilderness and fall back on methodological expertness to derive his satisfaction. In the first place, there is no scientific method, hard as the field tries to talk one up by repeated use of the term. Scientists are not known for their methods but for what they discover, for the knowledge they build up about some piece of the world they are studying. While the researcher is always

related in some way to a substantive area of knowledge as he plies his trade from one problem to another, the scientist is inextricably theory-bound, concerned as he is with building and solidly extending some edifice of knowledge rather than with exercising a set of methods. The social scientist, if he is a scientist, understands this clearly. He is primarily loyal to and interested in building a theoretical edifice, in extending a frame of reference to account for and explain more and more of what he observes, whether it is a sociology of social work, the psychology of medicine, or the economics of welfare.

To what edifice of knowledge would the social work scientist relate himself in a field characterized more by what it does than by what it is presumed to know with any clarity or certainty? Unfortunately for social work, and for those who never become her scientists, the potential social work scientist would encounter many problems in searching for his intellectual home in social work. He would be discouraged at times by lack of interest in, if not actual resistance to, enlarging and strengthening the intellectual base in social work. He would feel he was not only contending with a rudimentary science, but a good deal of thinly concealed antiscience. This impression would be reinforced by the greater appeal to many social workers of questions more characteristic of the philosophical than the scientific approach—questions about *why* and *what should be* much rather than questions of *what is*, and by the tendency to answer questions of what is by *definition* rather than by *observation*. The greater appeal to many social workers of formulations from the more philosophically oriented sciences than of formulations from the more empirically oriented sciences would not encourage the social work scientist. His suspicion of antiscience would be all but confirmed by the frequent rejection of some of the scientist's most successful approaches—the seeking of similarities for purposes of generalization, the partializing

of complex situations and concepts into more manageable parts, and the unrelenting effort toward greater precision in observing and thinking. He would also be discouraged by the lack of differentiation between conviction that springs from wanting or needing to believe, and conviction that rests upon experience-derived probability.

SCIENCE-LIKE ATTRIBUTES OF PRACTICE

The social work scientist would be hard put to avoid reaching the fairly obvious conclusion that there is and can be no science of social work, and therefore following his predecessors into the intellectually more inviting doors of psychology, sociology, anthropology, or some combination thereof. Few have remained, and perhaps few for some time will remain, to be impressed by two science-like attributes of a practicing social worker. There are two demonstrable facts about modern social work which would keep even the tough-minded scientist from concluding that its practice is largely a rationalistic, philosophical endeavor—two facts which suggest it is more firmly, if still obscurely, anchored in the ways of science than are some of the disciplines which would be its scientific mentors. One of these facts is that social workers when practicing (not philosophizing) are unquestionably observation-based in this practice. In practice they are highly

alert to perceptual detail (empirically oriented) whether this alertness is to the flick of an eyelash, a scarcely perceptible shift in body position or vocal tone or facial expression. In practice they work from facts and respect those facts. The history of man's scientific endeavor teaches one lesson well. Minutely careful observations and fact-gathering are essential if one is to have his conclusions confirmed by subsequent experience or if his theoretical formulations are to be anything but nonsense. Social workers in their practice, like scientists in theirs, rest their endeavors on carefully made observations.

The second fact is that social workers move into complicated social and psychological situations and demonstrate their ability to select the key factors or things to do that move those situations toward previously anticipated if not predicted ends. The social worker does with his observations what the scientist accepts as the ultimate test of validity for what he has done with his own, namely, demonstration of efficacy in dealing with the phenomenon whether that is shown by getting a satellite in orbit or a Johnnie back in school. While everything in between this science-like beginning and ending of social work practice may defy all the precepts of science, the would-be social work scientist might well decide that his first task was to discover *what* it is that permits social work to work.

POINTS AND VIEWPOINTS

Cultural Definition of Need

WERNER W. BOEHM writes (*SOCIAL WORK*, April 1958) that the "ultimate goal" of social work is "individual self-fulfillment." The meeting "of basic human needs" is a necessary basis for such fulfillment.

Although no definition of basic human needs is given, Boehm says: "The expression of basic human needs and the content of living are culturally conditioned. They vary from society to society, from time to time, and within societies, may vary from group to group. . . . This view . . . implies that social workers will shift their focus . . . to new needs as they arise. . . ." He also refers to "existing as well as emerging social needs."

It is clear that Boehm is advancing a cultural definition of need, which is in keeping with his emphasis on role and social functioning. Although he nowhere states it, it can be inferred that the social needs of the individual are or should be met through social functioning. Hence his second definition: "The goal of social work is the enhancement of social functioning. . . ."

We submit that Boehm's formulation is lacking in clarity as a guide to further analysis and action for the following reasons:

1. The relativity of the cultural definition of needs (which Boehm points out) is such that between one society and another, as well as within a society, needs are differently defined. When the concept is used to establish "a necessary basis" of individual self-fulfillment we are left, in effect, with the conclusion that the individual fulfills himself by doing what he is directed to do by his culture or subculture, or both. For example, a native white Georgian fulfills himself by upholding segregation according to his subculture or by opposing it in ac-

cordance with the national culture, or by doing both on different days of the week.

2. Boehm does indicate that social work should focus on different needs as society changes. However, he gives us no clear criteria for selecting or defining which needs should be our concern. He writes: "It is the nature of social work to participate in the identification and elimination of the gap that hampers individual self-fulfillment." This seems to be a criterion until we remember that we cannot use self-fulfillment as a basis for selection of needs to be satisfied, because self-fulfillment is defined as coming into existence through need-satisfaction: ". . . the satisfaction of basic human needs is an essential condition for the attainment of human dignity and constitutes a necessary basis for individual self-fulfillment. . . ." We cannot have it both ways at once. If basic need-satisfaction is what leads to self-fulfillment, in effect defines it, we cannot say we will define which needs are basic according to which needs lead to self-fulfillment. (Boehm adds to the confusion by at one point writing of the individual's "needs for self-fulfillment.")

We suggest that there is nothing to be gained in the pseudo-objectivity of attempting to reduce value-statements to need-statements. Not only is the need concept ambiguous, whether individually or culturally defined, but the value problem is always one of *how to choose* among "needs." Much confusion could be eliminated by a firm grasp of Harry Stack Sullivan's point that when we speak of people singularly we use the term "individual"; and when we speak of people together, we use terms such as "group," "community," and so on. Both "individual" and "group" terms are constructs for handling human experience. Neither set of constructs is human experience except intellectually.

A social work philosophy cannot bridge the artificially created gap between the individual and social approaches by defining the "ultimate goal" with an individual term, "self-fulfillment," and then explaining this goal by using another individual term, "needs," in a culturally defined way.

What is needed is a statement of a viable and normative social work philosophy, based upon the best of social work and human experience generally. We should say what we think is a good person in a good society—*i.e.*, what we think persons *ought* to be and the social conditions necessary, which *ought* to exist, for the support, sustenance and development of such persons. The intention here is to say good persons make possible good groups and good groups make possible good persons—without artificially making either first or ultimate.

Perhaps an improvement and refinement of Cottrell's and Foote's concept of "interpersonal competence" could be useful, so long as there is no attempt to talk about interpersonally competent persons existing apart from groups which make their development and sustenance possible.

We applaud Boehm's emphasis on social functioning, but believe greater clarity is necessary.

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Report to Readers on Readers

SOCIAL WORK, not to be outdone by *Life*, *Look*, *Playboy*, and *Harper's*, also surveys its readers—although more modestly and without benefit of Gallup or Roper! A small random sample survey last spring found that our readers

- Read the journal selectively
- Were attracted by catchy titles
- Preferred technical articles in their own fields to general articles
- Preferred simple, everyday language to "scholarly verbiage"

• Expressed most interest in the articles on public social policy, supervision, adolescents, Anna Karenina, and in the Section space

• Wanted greater integration in the journal, *i.e.*, no Section labeling as such.

Of those replying to the questions based on the January 1958 issue

78% had read some or all of the issue

70% recalled content they had read

70% read one or more other professional journals (64 other journals were mentioned one or more times)

The items most frequently checked were: Editor's Page, "Public Social Policy" by Sanford Solender; "Anna Karenina Revisited" by Nathaniel Goodman; "Opinions on Supervision" Western New York Chapter, NASW; "Counseling with Emotionally Disturbed Adolescents" by Arthur K. Young; "Casework Letter" by Williams and Wien; and Book Reviews and Letters.

Readers were asked what they would like to see in their professional journal. Replies varied: they want (1) more on new techniques (2) more on philosophy (3) more on social legislation (4) more on over-all community welfare planning (5) more social science (6) more casework process (7) more articles for laymen (8) more articles for students (9) more research (10) more humorous articles (11) more controversial articles (12) more on the aged (13) more on child welfare services.

In other words, our readers want *more!* And this the Editorial Board is prepared to give them, but needs help. Send us your reactions to what you read (or what you don't read—and why); but more important, send ideas for subjects; even better, do some writing and encourage your colleagues to write, too.

In the words of one of the respondents: "I still dream of a time when the statisticians and prophets may meet and understand each other"—but this cannot be unless experience and ideas are exchanged on a wide scale.

B.S.

Social Work

A Great Personality Theorist

THE LIFE OF a man whom Freud chose as a friend, and whom he regarded both as the most brilliant of his intimate circle and his possible successor as leader of the psychoanalytic movement, merits our interest and attention. For social workers, this interest is even greater, for Rank was one of the first psychoanalysts who actively participated in the training of social workers and his work was to be the stimulus for the first important schism in the young social work movement.

With the publication of *Otto Rank* (The Julian Press, \$6.50), Jessie Taft has attempted the first full-length biography of Rank. Miss Taft first met Otto Rank in June 1924 at a meeting of the American Psychoanalytic Association in Atlantic City. The occasion was Rank's first major paper in the United States on the *Trauma of Birth*, the work which had precipitated the conflict that led to his eventual break with the Freudian psychoanalytic group. Miss Taft describes this meeting in the following expressive statement:

With one exception all (the speakers) seemed to me unimpressive until the slight, boyish figure of Rank appeared beside the speaker's desk. He was the very image of my idea of the scholarly German student and he spoke so quietly, so directly and simply, without circumlocution or apology, that despite the strong German accent I was able to follow his argument and I thought to myself, "Here is a man one could trust."

Two years later Miss Taft entered analysis with Rank and from this time until his death in 1939 knew Rank as a therapist, teacher, and friend. Rank continued his therapeutic and writing activities in Europe and increasingly throughout the United

States, and during this period corresponded regularly with Miss Taft. It is upon this personal association, correspondence, early notebooks, letters, and writings that Miss Taft has constructed her biographical study. The work is divided into four sections: (1) the early years, (2) years of association with Freud, (3) years of fulfillment, (4) Otto Rank, artist.

The biographer of Otto Rank is faced with a formidable task. Rank was incredibly reserved in his personal relationships, and each relationship was contained within its own discrete boundaries. Despite the fact that he was a prolific writer whose works represented in large part a realization of his personal philosophy, they are not "personal documents" in the sense that the author shares with the reader the intimate sources of his inspiration or the immediate stimuli that spurred a particular effort. His notebooks are fragmentary and guarded, and even his correspondence with Miss Taft, whose friendship and support became increasingly important to him, reveals his reticence and reserve.

Perhaps, then, one should set out to describe Miss Taft's work by first stating what it is not, for it seems inevitable that some persons will be attracted to this volume in the anticipation that she has done for Rank what Jones has done for Freud. This would be unfortunate, for Miss Taft's intention has been more modest and her commitment more personal. The work might more properly be compared to Hans Sachs's *Freud, Master and Friend*. There is little in this work concerning Rank's early familial experience or early associations. Although Rank was married almost twenty years, his relationship with his first wife and his child are rarely mentioned. The section on the

COLUMBIA

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Book Reviews

years of association with Freud, based on the Freud-Rank correspondence, is the most fully documented, yet even this relationship—certainly the most significant in Rank's life—is etched with reserve in both his writings and correspondence. Yet despite these reservations Miss Taft has succeeded in conveying to the reader a sense of the struggle of a great man against formidable obstacles to realize himself and his firm convictions. This reader, at least, came from the reading more tantalized than satisfied. Just as Jones's more critical study of Freud revealed a more human and heroic figure than that sketched by Sachs, so, too, the stature of Rank and his significance in the development of personality theory justify an equally searching and critical effort. Rank's stature as a creative mind and his personal integrity, suggested by Miss Taft's loving study, indicates that he would emerge from such scrutiny with equal greatness. Until that time we may be grateful to Miss Taft for sharing with us the product of her long friendship.

It is probable, in connection with Miss Taft's work, that interest will be revived concerning the influence of Rank on the development of social work practice in the United States. It seems clear that Rank enjoyed his association with social workers and that the support he derived from the Pennsylvania group in particular meant much to him. Although sympathetic to the efforts of the Pennsylvania school staff to translate his psychology into social work theory and practice, Rank himself apparently never seemed to grasp the totality of the social work profession and tended to regard social work as a form of therapy. Concerning Rank's relation to the development of functional social work, Miss Taft writes as follows:

Rank was the last person to understand function as used by the social agency, for he himself had never been in the position of representing any agency. The only function he knew was a professional one but in his case self-oriented and self-main-

tained. Its importance as a support for the social worker was hard for him to realize or to conceive of as allowing for a truly helpful relation to the client. At any rate Rank should not be held responsible for the functional approach in social work, which has been a bone of contention in social work discussions and often identified with the Rankian influence on the Pennsylvania School.

Yet it would be a mistake to minimize Rank's influence on social work, indirectly if not directly. The twenties and thirties were a period of nervous uncertainty in social work with respect to personality theory. It had become clear to most workers that greater direction and guidance was needed in the psychological area if the responsibilities of social work were to be adequately discharged. Psychoanalysis seemed to meet this need, and with an increasing number of influential social workers undertaking analysis and courses in dynamic theory, strong and fixed positions were taken with respect to what was truth and what was heresy. The break of Rank with Freud and the incorporation of his theories in functional social work were a disturbing phenomenon in the development of social work. In the long run, in the opinion of this reviewer at least, the effects of this controversy may prove to have been salutary. Up to this time, adherence to a particular school of thought, either in social work or personality theory, was too often one of uncritical allegiance frequently based on the strong personal predilections and experiences of strong individuals. The advent of Rank and the functional school necessitated a closer look at both theory and practice, and fresh impetus was given to a scientific and critical examination of the foundations of the profession. This commitment to more disciplined analysis and a greater dependence on scientific research has enriched social work practice. It is unlikely that there shall be another Freud, another Rank, or another Sullivan. It would appear that the day of

the great comprehensive personality theorist is past. Advancements in this area shall probably come more slowly, more likely the product of painstaking research tested and integrated than the intuitive bursts of creative individuals.

Few persons today read Rank. His direct influence on developments in contemporary personality theory is minimal. This is unfortunate—for whatever one's judgment concerning the validity of his total system or sections of it, there is much that warrants our attention and study in his work. In many respects he anticipated much of the contemporary developments in ego psychology, and his earlier work on religion and art are of continuing importance. In a day in which the integrity of the individual is being assailed on all sides, Rank's ringing affirmations of the worth and creative potential of the human being carry a message of continuing significance.

MAURICE CONNERY

University of Syracuse
School of Social Work

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FAMILIES IN TROUBLE. Basic Social Characteristics of 100 Families Served by the Family Centered Project, Greater St. Paul Community Chest and Councils, Inc. By L. L. Geismar and Beverly Ayres. Research Staff. St. Paul: Family Centered Project, Greater St. Paul Community Chest and Councils, Inc., 1958. 180 pp.

Aside from its place among the small but important and growing research monographs in social work, this document is of significance because it adds another piece to the "St. Paul" material which has had great impact in the field. It is best understood against the background of the other reports of this project.¹

Using the now familiar nine category pattern of family functioning as developed by the Family-centered Project of St. Paul, this study analyzes statistically the basic social characteristics of one hundred families from those selected for treatment by the project. To provide a picture of the "socially inadequate," the "multiproblem family," they were compared on a great number of social characteristics.²

The findings are interesting because they contain the expected and the unexpected. Familiar to the reader is the fact that these families present characteristics of other similar families studied elsewhere; that the families were "bogged down" in family relationships, economic practices, and child care, and that in 50 percent of the families over half the members showed deviant behavior; inadequate emotional care of children was evident; poor child-parent relationships were common, etc. Less familiar, and providing hypothesis for further study,

¹ This project was discussed in Charles J. Birt, "Family-centered Project of St. Paul," *Social Work*, Vol. 1, No. 4 (October 1956), pp. 41-47.

² The nine major categories used were: Family Relationships and Family Unity; Individual Behavior and Adjustment; Care and Training of Children; Social Activities; Economic Practices; Household Practices; Health Conditions and Practices; Relationship to Family Centered Workers; Use of Community Resources. Subcategories were developed and used as well.

Book Reviews

was the fact that the broken home, "generally viewed by social work as a major source of trouble in the family," was not found to be related to the many factors of social malfunctioning in the sample studied.

The findings were based on an examination of many hundreds of relationships between the factors of social functioning as applied to the one hundred families. They are interesting not for definitive results but because they raise issues for further study.

The need of social work to describe social factors and their relationships with psychological factors is helped by studies of this sort which relate themselves to social science concepts as clearly as the authors attempt to do. Using concepts of role formation, role function, and role relationships and by using roughly drawn, but clear definitions of what constitutes "below minimum" levels of functioning, there is a real attempt to relate psychological and sociological elements. We need more of the latter in our work if we are ever able to develop usable bases for diagnosis and prediction.

Well presented and well written, this study is worth reading by researchers, practitioners, and administrators. Hopefully, others will use the method and tools in their own work so that we can have more tested experiences to go by.

NORMAN V. LOURIE

*Pennsylvania Department of
Public Welfare
Harrisburg, Pennsylvania*

Social Class and Mental Illness: A Community Study. By August B. Hollingshead, Ph.D., and Frederick C. Redlich, M.D. New York: John Wiley & Sons, Inc., 1958. 442 pp. \$7.50.

This book, the result of a ten-year study of mental illness in an urban community, is an outstanding example of a newer approach to this problem. It should provoke thoughtful consideration among all who are

concerned with the welfare of people whose social functioning is impaired through stress or breakdown.

Traditionally, mental illness has been considered in terms of the intrapsychic diagnostic and treatment factors of the patient, his specific social milieu, and related family and community problems. This study postulates that there is a relationship between the social status of the patient and his mental illness. The report is a penetrating analysis of the effects of the value systems of individuals and groups—lay and professional—upon the different diagnostic and treatment facilities available to emotionally sick people who come from the various social strata.

Although the authors clearly recognize that the concept of social stratification is contrary to the American democratic ideal, they sought answers to two basic questions: (1) Is mental illness related to class in our society? and (2) Does a psychiatric patient's position in the status system affect how he is treated for his illness? The study presents findings which unequivocally answer the questions in the affirmative.

The authors' theme of the relationship between social class and mental illness rests upon a theoretical psychiatric and sociological foundation well supported by voluminous statistical data and analysis of the findings. They conclude that there is a marked disparity in diagnosis and treatment which is directly related to the social status of patients. For example, there is sharp variation in types of treatment available to persons of different social classes. Upper-class patients tend to be treated through psychotherapy and insight therapy, lower-class patients through organic therapies. Even in the community clinic, where cost to the patient is not a factor, the higher-class patients are treated by the most skillful of the psychiatrists, and the lower-class group by medical students and social workers. The rate of psychotic patients increased markedly in the two lowest classes,

and treatment facilities for them differed from those for higher-class patients.

The place of the psychiatrists, as well as the patients, in the social system is thoroughly discussed. A relationship is shown between the social status, value system, and attitudes of the psychiatrists and the degree of acceptance, identification, and psychological understanding they achieve with persons whose value systems are similar to, or different from, their own.

Despite some generalizations about class behavior which may be questioned, the impact and value of this study in the field of mental illness cannot be underestimated. For social workers, an additional value lies in its contribution toward heightening awareness of the need to scrutinize carefully and systematically the same underlying question in social work—the relationship of the social worker's social class values and aspirations to the services given to groups and to individuals with similar or dissimilar values. This question has bearing not only for direct services but also upon planning for the broad social programs essential to meet basic human needs.

SOPHIA BLOOM

University of Chicago
School of Social Service Administration
Chicago, Illinois

A STUDY OF CHILDREN REFERRED FOR RESIDENTIAL TREATMENT IN NEW YORK STATE.

By Donald A. Bloch and Marjorie L. Behrens, with Helmut Guttenberg, Frances G. King, and Diana Tendler. Albany: New York State Interdepartmental Health Resources Board, April 1958. 100 pp. (Mimeographed.)

Close to 80 percent of the children referred for resident treatment care in New York State were unable to gain admission to such treatment facilities. This is only one of many startling pieces of data produced by the authors of this well-organized and comprehensive study. The findings are based upon the study of approximately one thousand children referred to six resident

treatment centers. More than two hundred public and private agencies and mental health personnel participated in providing the necessary information.

The questions posed by the research study:

1. What is the need in the community for resident treatment care?
2. Could some other treatment method be used as a substitute?
3. How can resident treatment centers be differentiated from other similar facilities such as mental hospitals, training schools, and so on.

The answers to the questions:

1. There is a marked shortage of services, even in New York City.
2. Foster homes or institutions seemed unable to tolerate "disturbed" children and agencies were obliged to place children inappropriately.
3. While mental hospitals are mainly for schizophrenic children, training schools for behavior disorders, foster homes for neurotic children, resident treatment centers took evenly from all diagnostic groups.

This impressive study with excellent professional approach, substantial data, and often incisive deductions succumbs to the temptation of editorializing. An idea and a design are recommended. It is a "child care center . . . this center should be analogous to the family doctor." It should consist of *outpatient services, a day-treatment center, inpatient services*. Among the benefits to be derived from such a coordinated center would be "no such thing as getting rid of a child by referring him to a residential treatment center, nor would one have to deal with other agencies when a youngster was ready for discharge."

General impression—excellent study of characteristics of children referred for residential treatment. Community organization people especially should take note.

IRVING GREENBERG

Jewish Child Care Association
of Essex County
Newark, New Jersey

Book Reviews

COMMUNITY WELFARE ORGANIZATION. By Arthur Dunham. New York: Thomas Y. Crowell Company, 1958. 480 pp. \$5.75.

The author's declared intention is to analyze and discuss the principles and practice of community welfare organization with primary emphasis on "... the generic process of community organization as an aspect of social work and social welfare."

An introductory section on social work, social welfare, the community, and the nature of community organization is followed by a section on types of community organization agencies at local, state, national, and international levels. The third and concluding section concerns problems, personnel, records, methods, committees, and possible directions for community organization. The reader is well supplied with lists of readings, questions and problems, and with illustrative materials.

Despite repeated references to community organization as one of the three social work processes, the work done to date in identifying the specific nature of this social work process has been given but scant and sporadic attention. The need to specify the nature of community organization process as a form of social work practice is shrugged off by reference to the past, when the social work processes were not differentiated, and to the present trend toward their integration. The treatment of the role of the worker, the notion that laymen practice community organization, and the contention that community organization is more akin to administration than casework or group work, are evidence of considerable confusion as to the nature of professional social work practice.

The main contribution of this book is its painstaking account of what goes into community organization activity, and its clear description of forms of community organization agencies. The author makes effective application to such agencies of some basic principles of organization and administration. Noteworthy in this respect

is his treatment of community welfare councils.

Within its limitations, this book is a thoughtful summary of much of our practical experience in community organization by an author who has been a long-time leader in the professionalization of the field. Teachers, students, and practitioners of community organization should find it quite useful.

SIDNEY DILLICK
Rhode Island Council of Community Services, Inc.
Providence, Rhode Island

AN ASSESSMENT OF SOCIAL CASE RECORDING.

By John Frings, Ruth Kratovil, and Bernice Polemis. New York: Family Service Association of America, 1958. 151 pp. \$4.00.

RESEARCH PROJECT IN RECORDING. Supplement to *An Assessment of Social Case Recording*. By John Frings and Bernice Polemis. Chicago: United Charities of Chicago-Jewish Family and Community Service of Chicago, 1958. 172 pp. \$4.00.

This book and its supplement describe a study conducted in two major casework agencies in the family field—Family Service Bureau of the United Charities of Chicago, and the Jewish Family and Community Service of Chicago—which attempted to identify and solve the professional problems of case recording. The book and supplement report the study in great detail. The agencies are to be congratulated on setting forth so forthrightly their painstaking examination of the problem. The book will be of interest to practitioners, supervisors, and administrators; the supplement will be of interest to technical researchers.

The book is correctly titled as an "assessment" of social case recording. It does not give answers. Those seeking a radical new method which will reduce recording time and costs will not find it here. Those seeking to preserve traditional methods of recording will not be comforted. However, any agency considering revision of its recording practices will find that this study

has raised and studied most of the important questions that must be examined. Conclusions point the way to new policy decisions for agency recording practice.

Three experimental recording systems were tried out and compared. The appendix of the study gives clear instructions and extensive illustrative case material for the systems. In view of the very different provisions of the systems, it was surprising to find there was very little difference in the time spent by the caseworkers on each of them. When this was examined it was found that in none of the systems were all of the research instructions followed in all cases, particularly with respect to keeping dictation current on the case load. A major conclusion of the study was that the usual allotment of one day a week for recording is insufficient to maintain relative currency on the average case load.

A considerable part of the study was devoted to collecting and analyzing staff opinions, attitudes, and questions about recording. From these data it was observed and concluded that: the record, once it is done, has minimal use for the producer; methods of record-keeping are highly individualistic; use of the record for evaluation and supervision obscure its use for the caseworker for self-learning; the majority of case discussions between caseworkers and supervisors do not involve the use of recorded materials; records are usually obscure, verbose, and repetitive.

In view of the depth and universality of caseworkers' negative feelings about recording recognized in the study, this reviewer wonders if this extremely detailed study served to break up conditioned reflex attitudes and habits toward recording so that new methods can be applied, or if it embedded practitioners' attitudes more deeply. At any rate, the rest of us can profit by this study, be spared its prodigious labors, and hopefully, now "do something about recording."

RALPH ORMSBY

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Book Reviews

SINS OF THEIR FATHERS. By Marjorie Rittwagen, M.D., Boston: Houghton Mifflin Company, 1958. 264 pp. \$3.50.

A psychiatrist, Dr. Marjorie Rittwagen, has taken five years of clinical experience in a children's court and has translated that experience into a document about juvenile delinquency. She sees the court as analogous to a large metropolitan general hospital with its variety of pathology, its vast number of cases, the dedicated service of its practitioners, and the pressures under which its personnel work.

Of the 50,000 plus delinquents who passed through New York's five children's courts in her five years, Dr. Rittwagen "had close contact with at least 2500." From these relationships the author selected a wide variety of cases to present. These were used to demonstrate the types of social disease which have come to be known as "delinquency"; to show relationships to contributing social factors; to explain how the court, its personnel, and society function in relation to these problems.

Dr. Rittwagen's presentation is accomplished by means of a series of integrated chapters which are evolved around the related ideas that delinquents get that way as a result of a complex composite of social forces and that we know enough to help them more than we do. Each section is developed upon some facet of the problem of delinquency, first as viewed from the author's experience, then documented and illustrated by an extensive number of case examples. For example, the neighborhood and its implications is covered in "Birds of a Feather," the sexual delinquent in "So Worldly Wise So Young," and the day in the life of a probation officer in "Children on Parole."

The result is a clearly written and frequently dramatic presentation which forcefully holds the reader's attention. As one who has worked with disturbed and delinquent children and who has had a training relationship with the children's court

concerned, I found the book impressive in its simplicity and sense of reality.

While its dedication is to presiding Justice John Warren Hill, a word should be said about the book's implied tribute to the social worker who carries one of the profession's most difficult tasks, the probation officer. His is indeed an almost impossible job and every word of the book recognizes the seriousness of his cases, his excessive case load, and the limitation of resources which make it so difficult.

This book is recommended both to the layman and the professional who want to examine more closely the involved problem of the delinquent and the services which deal with him. Dr. Rittwagen's analogy that the children's courts are like a general hospital holds true. Since we are more apt to have familiarity with the latter, this book offers one way to get acquainted with this other large treatment institution.

BENJAMIN H. LYNDON

*The University of Buffalo
School of Social Work*

University of Pittsburgh Graduate School of Social Work

Pittsburgh 13, Pa.

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Davis
SOCIAL WELFARE AND THE PRESERVATION OF HUMAN VALUES. Edited by W. D. Dixon. Vancouver: J. M. Dent and Sons, Ltd., 1957. 223 pp. \$4.50.

These "Anniversary Papers" from the Twenty-fifth Anniversary Celebration of the School of Social Work of the University of British Columbia, October 1955, present a lively combination of historical review, contemporary issues, world-wide sensitivity, regional vigor, diverse philosophical directions, and imaginative use of examples to illustrate ideas. There are four sections: perspectives on social work in the world today; the title subject; the generic curriculum, including selected content and course organization as well as viewpoints; and short papers on practice.

Several papers describe the history of social work and social welfare in the period from the school's founding to the present. These reviews should be a useful source to North American students, not alone for their brief and sometimes dramatic coverage of an era, but because they deal with ideas more than dates. To observe parallel developments in Canada and the United States is of interest. Gordon Hamilton's "Humanizing the Social Services" acknowledges the greater realization in Canada that "a welfare state is not necessarily in opposition to a system of free enterprise . . . nor need it conduce to regimentation of personal rights, responsibilities and liberties. . . ." Repeated references to family allowances in several articles bring home vividly to the social worker in the United States the legislative achievement of social welfare in our neighbor country. In contrast, the editor in his article on financing comments that "Americans have gone much further than Canadians in using citizen boards in the administration of their public welfare service."

Several authors voice today's harsh dilemma, awareness that humanity cannot be served without concern for human need and human evil throughout the world,

while we are equally aware of social problems and human needs grossly unmet in our nearest locality. Richard Davis, in "Welfare Services and Community Responsibility," emphasizes the contribution to development of democratic citizenship social workers are in position to make, but cautions against too great claims for social work at its present stage.

Leonard C. Marsh's piece on research, addressed to school faculties, should also help anxiety-ridden students wipe away many cobwebs of obscurantism. His definition of "interpretation" as "presenting in a language the listeners can understand" should be taken to our hearts.

Two papers in the applications section hold special appeal. Helen K. Exner, in "Return to the Family in Community-Oriented Social Work" gives clear, fresh indication of the social worker's need for understanding and use of group process in family service. Mr. Sein Sein, in "Community Organization: Maternal and Infant Welfare in Burma," movingly pictures use of new skills in an old setting, the need for vision as well as insight, and fundamental appreciation of the persons for whom services are to be created.

This reader had two negative reactions. First, the thirty-two articles and contents within them (beyond significance for the celebration gathering) are uneven in quality of style and substance (a characteristic which must plague editors of all proceedings). A shorter book of selected papers might have made the excellence achieved in some pieces more accessible to a wider circle of readers. Second, the frequency of misprints suggests an undertaking under pressure, without adequate technical editing and proofreading. It also suggests one notch our profession has still to reach in quality of professional publication, for us to communicate well, beyond and within our field.

MARJORIE MURPHY

*Council on Social Work Education
 New York, N. Y.*

READERS TAKE ISSUE WITH BOOK REVIEW

When I read *Social Perspectives on Behavior* by Herman D. Stein and Richard A. Cloward, I felt it exactly met our needs and was therefore somewhat taken aback by the review in *SOCIAL WORK* (July 1958). Those of us with staff training responsibilities in public and private agencies which deal with disturbed children are constantly on the lookout for material which will help staff on many levels of education and training in their understanding of the children in their care. This is the kind of book that we find very useful, since it is neither so technical as to be useless for less trained people nor so general as to have little that is applicable to the practical situation.

Even after several readings, I must confess to some confusion on what Miss Sytz is criticizing. Two points in particular seem to be seen by her from a narrow viewpoint of the potential readers of this book.

No doubt there are practitioners and students who can and will prefer to go to a library and hunt up the twenty-six volumes and many journals from which these readings are taken and read them in their entirety. But I do not think the busy staff I know well, whose long days allow them no access either to social work or to public libraries, would find this a practical substitute for one attractive volume, nor could our budget stretch to make such a long list available more conveniently.

Miss Sytz's suggestion concerning the greater values of a book on one topic is, no doubt, based on her experience. My own experience, particularly in the field of delinquency, is that we are all much inclined to read only on the subjects of our major interest—which may be illuminating but which is, I think, antithetical to good social work practice. I find *Social Perspectives on Behavior* especially valuable just because it is a broadly conceived book, with helpful editorial prefaces to the sections, and while the reader may turn first

to those articles under the heading of his major interest, he will inevitably find himself browsing in other fields, widening his understanding and bringing new light to bear on his own problems. The content of this book, it seems to me, can be applied both generally and specifically by practitioners on whatever level they may be.

MRS. ALICE H. COLLINS

Commonwealth of Massachusetts
Division of Youth Service
Boston, Massachusetts

Publishers do not ordinarily write letters to editors, but since your reviewer Miss Florence Sytz undertook to review *all* Free Press Readers in the Social Sciences in her review of *Social Perspectives on Behavior*, without having review copies of any of the books excepting the Stein-Cloward reader, I am compelled to bring the following facts to the attention of your readers.

Outstanding experts in the fields of urban sociology, stratification, demography, methodology, public opinion, clinical psychology, and many other fields have edited these books with a view to the needs of students. Their judgment has been vindicated by the use of our readers throughout the United States at hundreds of universities and colleges including Miss Sytz's own school.

We would be pleased to send a list of these readers and their contents to any interested reader.

JEREMIAH KAPLAN

Editor and Vice-President
The Free Press of Glencoe, Illinois

I respect Florence Sytz's opinions about Readers, source books, the omission of David Riesman, and so on, but nowhere in her book review does she relate herself to the substantive content of the book being reviewed.

I am in complete agreement that as social workers we must accept the responsibility

to transmute knowledge derived from other disciplines into knowledge which furthers our own unique professional contribution. For years, Gordon Hamilton, Charlotte Towle, and Grace Coyle, among others, have featured the psychosocial component as central in the social worker's study, diagnostic assessment and treatment or implementation responsibilities. The social component, traditionally, has been viewed as the individual in inter-action with others, his interpersonal relationships, and the individual in interaction with all other aspects of his social or outer environment. However, in too many instances when we have paid attention to the impact of these outer forces on human behavior, they have been viewed largely as phenomena influencing pathological intrapsychic processes and not in the sense that Hamilton, Towle, and Coyle intended, such as fostering the development of object world relatedness and ego adaptation to situational experiences. The local context of social relations and social functioning cannot be adequately understood unless one knows the larger social structure and the nature of the forces which impinge upon it.

Our understanding of new concepts and insights from the social sciences should neither be acquired through material predigested for us by others, nor at the other extreme can one, without formal social science training, be expected to select intelligently from the vast amount of literature that which has the most relevance for use in social work. The task of testing, integrating and synthesizing social science theory, personality theory, and social work process formulations is the responsibility of all of us in social work education and practice.

Social Perspectives on Behavior can be strongly recommended for redirecting and stimulating us to look at the concept of social reality in a different dimension. Various groups are beginning to examine the significance of cultural variables for social work practice. Recently, as keynote

speaker at the Faculty and Field Instructors' Institute at Wayne State University School of Social Work, and at the Colloquium of the New Jersey Essex County Overbrook Hospital, I found great interest evidenced in these contemporary components of social work.

Furthermore, in a current study on the field teaching of common core content for all social workers at the New York School of Social Work involving a large number of field instructors and faculty members in social casework and group work, we have found the Stein and Cloward book an indispensable guide as well as a rich reference source. . . .

SIDNEY BERENGARTEN

Columbia University

The New York School of Social Work

PRIVATE PRACTICE

Dr. Sydney Koret's articles on private practice in the July issue is a timely and important contribution to the field of social work. I heartily agree with the statement that private practice is an indication of professional maturity, and that this is one method of demonstrating our ability to operate with independence and security.

Dr. Koret discusses the question of who goes to the private practitioner. In Montreal we have recently had some experience in this regard which may be of interest. We had a number of requests for interviews following publication of an article on our Well-Being Clinic in a popular magazine called *Woman's Day*. The article, which had some inaccuracies, made it clear that there was a fee for the interviews. However, as the clinic was not set up to give this kind of service, we passed the requests on to "Counsellors Associated," a group of private practitioners in Montreal.

The counsellors reported that these clients represented a broad cross-section of the public in regard to age, sex, and occupation. The clients all stated that they had been looking for help but had not known where to find it. One of the main

Social Work

Letters

reasons, according to the counsellors, was the client's difficulty in identifying the problem. For example, one woman was not sure whether to take her child to a children's clinic, or for her and her husband to seek marriage counselling, or whether she should see a psychiatrist. Others were unclear as to just what was troubling them, and welcomed the opportunity of assessing and clarifying their situation.

Some of these clients have been carried in intensive casework. Others have been able to sort out their problems in one or two interviews, and to continue working on them themselves. Some were referred to agencies and psychiatrists. The implications for early diagnosis and treatment are important, as none of these people had been known to agencies, mental health clinics, or psychiatrists previously. Our experience also points up the need for more articles in the popular press.

"Counsellors Associated" is also an interesting development in private practice. This group of seven workers are married and home responsibilities make it impossible to take regular daytime jobs. Private practice enables them to continue working while their children are young, and to make a much-needed contribution to the field, where shortage of trained personnel is acute. The group association has many advantages for the individual and serves to protect and promote good standards. An article on this group is appearing in the *Canadian Social Worker* shortly.

PHYLLIS POLAND

*Royal Victoria Hospital
Montreal, Canada*

Congratulations to Sydney Koret for "The Social Worker in Private Practice," and to the editors of *SOCIAL WORK* for publishing it. I am happy to see that a mild "conspiracy of silence" regarding private practice among some editors has been at least partly broken. . . .

I disagree with the author's suggestions that the development of private practice

"... implies setting up professional organizations" if he means additional professional organizations. The laudable objectives regarding standards could very well be—and in fact are being—implemented through NASW. . . .

As one who has engaged in part-time private practice, I deplore the fact that, as the author indicates, a number of private practitioners associate themselves with psychiatrists and receive referrals (or crumbs!) from them. . . . If, as the author correctly states, the field must outgrow its status as an ancillary profession and "... there must be a recognition that [the private practitioner has] something to sell which should be paid for..." then he should stand on his own two feet and not lean on any psychiatrist (many of whom whether we admit it or not, do not have as much or as good training in the art of helping people in trouble as do the graduates of social work schools). . . .

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GNAWING PROBLEM OF REFUGEES

Robert Plank's viewpoint in "Refugees from Hungary: An Appeal for Leadership" had considerable interest for me. . . . It is his viewpoint that since the sectarian agencies overseas were handling the guarantee of sponsorship for immigration to the United States, many Hungarians without religious affiliations may have been refused the opportunity to come here. Having worked in the Hungarian camps, I saw firsthand the sectarian agencies and the United States State Department valiantly dealing with the chaos that existed in the winter months following the October uprising. As Mr. Plank can undoubtedly surmise, nearly every Hungarian crossing the border, had as his dream to come to this country. If it were not to emigrate permanently, it was at least to live here, probably in Cleveland, until such time when his beloved Hungary would be free. Consider

the problem, therefore, of approximately 175,000 Hungarians pressing to come to the "Promised Land" and a quota of 30,000 (later increased to 32,000), which was the deadline.

The hostility and discouragement of the Hungarians was not directed against the agencies because they were sectarian. The average Hungarian could easily identify whether he was a Protestant, Catholic, or of the Jewish faith. Whether he practiced his religion or not was never an issue. The applicant did not need to establish any sort of current affiliation with a religion. However, resentment was engendered because some sectarian agencies were able to expedite emigration more rapidly for their clients than were others. Variance in efficiency among agencies, for example, in their ability to mobilize staffs, would doubtlessly occur among nonsectarian agencies. Consequently, some Hungarians were dissatisfied with their own sectarian agency, when they saw newer applicants of another agency emigrating earlier. Could nonsectarian agencies expect to produce uniform satisfaction among their clients?

The mordant blow to Hungarian pride, morale, and hope was not the issue of religious eligibility, but what he could not understand or emotionally accept was the extremely small quota permitted to the United States.

There is still another side to this gnawing problem of refugees. The real "turn-downs" were the mentally or physically ill, the disabled, the aged, the unskilled and uneducated father with a wife and numerous young children, and the obviously inadequate persons. What nation is willing to help this "hard core" group? Yes, we as professional people dedicated to the social welfare have a long road to climb in educating this nation to assume "aggressively the responsibility of leadership," both nationally and internationally.

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GROUP WORK PRACTICE AND GROUP THERAPY

Charles S. Levy's paper, "Is Social Group Work Practice Standing Still?" (January 1958) comes timely and raises some interesting points. I quite agree with him that there is a wide gap between the conceptualization of principles and objectives of social group work and of the skills and knowledge "necessary for its successful practice." This gap will be of a detriment to the "specialty" of social group work; in fact, it may already have caused damage, which I feel is to be blamed on the teachings in the schools, the lack of research, and the resentment of the "brass" among social group workers to apply the method in, and work for, institutions, which seem to be disdainful to them.

I would like to choose two instances. "Traditional" social group work is being "practiced in social agency settings, such as centers, settlement houses, Y's, etc." Just what is the difference of *actual practice* between a social group worker and a recreation worker? Can it be defined and, if so, how? What are the dynamics involved in such a practice? Are they "group dynamics," sociological surveys, anthropological and cultural studies, or of a therapeutic nature?

In "non-traditional" settings, such as mental hospitals, mental hygiene clinics, children's homes or prisons, what exactly differentiates a social group worker from a group psychotherapist? I venture to say that few, if any, practitioners will be able to give a satisfactory answer.

A word about research: in the vast literature on group psychology, published during the *last decade*, I could not detect a single reference or inclusion of social group work theory or practice in the works of psychiatrists, clinical psychologists, or group dynamics (of the school of Kurt Lewin). Why?

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Social Work

SOCIAL WORK: VOL. 3, NOS. 1-4, 1958

- A**dministration: "completed staff work," O 52-7; social agency, Jy 70-5
- Adolescents: challenge to casework, Ap 89-95; counseling with, Ja 35-41; work with, Ja 81-2, O 71-7
- Adolescent's Challenge to Casework.* Bertram M. Beck. Ap 89-95
- Aged persons: noninstitutional services for, O 58-63
- Aid to dependent children, Jy 71-4, O 38-44
- Andriola, Joseph. Letter, O 121
- Anna Karenina Revisited.* Nathaniel Goodman, Ja 26-8
- Anxiety in Siblings upon Separation.* George Shurgart. Jy 30-6
- Appleby, John J., et al. *A Group Method of Supervision.* Jy 18-22
- Are Social Work Students Different?* John C. Kidneigh and Horace W. Lundberg. Jy 57-61
- Assertive Casework, Integrating Psychological, Social, and Cultural Factors in.* Berta Fantl. O 30-7
- Austin, David M. *Cultural Barriers.* Ja 81-2
- B**artlett, Harriett M. *Toward Clarification and Improvement of Social Work Practice.* Ap 3-9
- Beck, Bertram M. *The Adolescent's Challenge to Casework.* Ap 89-95
- Behavioral Sciences in Social Work Education, Use of.* Henry S. Maas. Jy 62-9
- Berengarten, Sidney. Letter, O 119-20
- Berkman, Virginia C., et al. *A Group Method of Supervision.* Jy 18-22
- Berry, Margaret, book review, Jy 116-7
- Bisno, Herbert, book review, Ja 87
- Blazejack, Robert T., et al. *A Group Method of Supervision.* Jy 18-22
- Bloom, Sophia, book review, O 113-4
- Boehm, Werner W. *The Nature of Social Work.* Ap 10-8 (letters on, Jy 125-6); Point and Viewpoint on, O 107-8
- Burns, Eveline M. *Priorities for Public Welfare.* O 38-44
- C**annon, Antoinette, book review, Jy 116
- Carter, Genevieve W. *Practice Theory in Community Organization.* Ap 49-57
- Casework: anxiety in siblings, Jy 30-6; assertive, O 30-7; collaboration with school personnel, Jy 97-103; contact through correspondence, Ja 55-61; "hard-to-reach" client, O 2, 23-9; observational process in, Ap 96-102 (and letters, Jy 127-8); prediction of movement, O 45-51; problem of resistance in, Ap 19-23; recording data for research, Ja 76-80; treatment of adolescents, Ja 35-41, Ap 89-95; use of clinical psychologist, Ja 42-9; variable performance in, Jy 104-8; with parents, Ja 68-75, Jy 23-9, 90-6; with very young child, Ap 76-82
- Casework Approach Toward Understanding Parents of Emotionally Disturbed Children.* Yonata Feldman. Jy 23-9
- Casework Letter, The.* Carter C. Williams and Janet Wien. Ja 55-61
- Casework Movement, An Objective Method for Prediction of.* Sydney Koret and Barbara Harrington. O 45-51
- Casework with Parents in the School Setting.* Esther Schour. Ja 68-75
- Casework with the Very Young Child in a Hospital.* Tina Claire Jacobs. Ap 76-82
- Child, disturbed: casework with parents, Jy 23-9; counseling with, Ja 35-41; groups for parents of, Ja 29-34, Ap 24-9; school services for, Ja 68-75; separation anxiety in siblings of, Jy 30-6
- Child, mentally retarded, Jy 37-42
- Child welfare: in public assistance, O 41-3; problem of neglected children, Ap 30-6
- Clinical Psychologist, Use of in a Casework Agency.* Walter C. Hart, Ja 42-9
- Cohen, Wilbur J. Guest Editor's Page, O 2
- Collaboration: with parents, Jy 90-6; with psychiatric residents, Ap 83-8; with school personnel, Jy 97-103
- Collaborative Diagnostic and Treatment Process with Parents, A.* David Hallowitz and Albert V. Cutter. Jy 90-6
- Collaborative Process with Psychiatric Residents.* Robert J. Gaukler and Ethel S. Wannemacher. Ap 83-8
- Collins, Alice H. Letter, O 119
- Community development. See International social welfare
- Community Development, The New and the Old in.* R. Clyde White. Jy 49-56
- Community mental health. See Mental health, community
- Community organization: overseas, Ap 105-8; practice theory, Ap 49-57
- "Completed Staff Work" in *Social Service Administration.* Ralph W. Morgan. O 52-7
- Conformity in American Society Today.* Lloyd E. Ohlin. Ap 58-66
- Connery, Maurice, book review, O 109-12
- Cooper, James F. and Elizabeth Kittrell. *One Group for Both Parents: An Experiment.* Ap 24-9

Co-operation Between Social Workers in Hospitals and Family Agencies. Margaret I. Jacob. O 78-85.
Counseling with Emotionally Disturbed Adolescents. Arthur K. Young. Ja 35-41
Cultural Barriers. David M. Austin. Ja 81-2
 Cultural factors: in working with clients, Ja 81-2, O 24-5, 30-7
 Cutter, Albert V. and David Hallowitz. *A Collaborative Diagnostic and Treatment Process with Parents.* Jy 90-6

Dean, Robert L. *Intake As Core Learning for Psychiatric Social Work Students.* Ja 62-7
 Deardorff, Neva R., book review, Ja 85-6
 Definition of social work, Ap 5-9, 10-8
 Delinquency: barriers in communication, Ja 81-2; O 71-7
 Dillick, Sidney, book review, O 115
 Dover, Frances. Letter, Ja 95
 Doverman, Max. Letter, Ap 127-8
 Dunn, Catherine M., book review, Ja 92-3

Eaton, Joseph W. *Science, "Art," and Uncertainty in Social Work.* Jy 3-10
Education for Community Mental Health Practice: Problems and Prospects. Milton Wittman. O 64-70
 Education for social work: behavioral sciences in, Jy 62-9; community mental health practice, O 64-70; group work in, Ja 50-4; student attitudes and characteristics, Jy 57-61; student casework practice, Jy 104-8; teaching intake process, Ja 62-7
 Ellenbogen, Bert, et al. *Occupational Choice—Some Implications for Recruitment of Social Workers.* Ap 44-8
Experimental Study of the Observational Process in Casework. Roger R. Miller. Ap 96-102

Family life, Ja 26-8 (and letter, Ap 127)
 Family, problem, O 2, 12-22, 23-9, 30-7
 Fantl, Berta. *Integrating Psychological, Social, and Cultural Factors in Assertive Casework.* O 30-7
 Farber, Arthur. *Noninstitutional Services for the Aged.* O 58-63
 Feldman, Yonata. *A Casework Approach Toward Understanding Parents of Emotionally Disturbed Children.* Jy 23-9
Forgotten Client, The. Hans D. Froehlich. Jy 43-8
 Friedlander, William. Letter, Jy 125
 Froehlich, Hans D. *The Forgotten Client.* Jy 43-8
 Functions of social work, Ap 16-7

Gaukler, Robert J. and Ethel S. Wannemacher. *Collaborative Process with Psychiatric Residents.* Ap 83-8
 Gay, Eleanor. *Collecting Data by Case Recording.* Ja 76-80
 Gayford, Muriel J. Letter, Ja 95
 Glasser, Melvin A., book review, Ja 84

Goetz, John L., book review, Ap 116-7
 Goldstein, Harris K. *Some Task-Originated Requirements Found in Student Casework Practice.* Jy 104-8
 Goodman, Nathaniel. *Anna Karenina Revisited.* Ja 26-8. (Letter on, Ap 127)
 Gordon, William E. *The Future of Social Work Research.* O 99-106
 Gorter, Vicki S., et al. *A Group Method of Supervision.* Jy 18-22
 Graham, Ray. *The School Administrator Looks at School Social Work.* O 93-8
 Greenberg, Irving, book review, O 114
 Greenwood, Ernest, book review, Jy 123
Group Method of Supervision. A. John J. Appleby, Virginia C. Berkman, Robert T. Blazejack, and Vicki S. Gorter. Jy 18-22.
 Group method: family interviews, O 21-2; in administration, Jy 74-5; in supervision, Jy 18-22; social group work, Ja 50-4, Ap 67-75, Jy 76-82, O 71-7; with parents, Ja 29-34, Ap 24-9
Group Work and the Interdisciplinary Approach. Hyman J. Weiner. Jy 76-82
 Group work: interdisciplinary approach, Jy 76-82; methodology, Ap 73-5; practice, Ja 50-4 (and letters, Ap 127-8, Jy 126-7, O 122); values and goal concepts, Ap 69-73; with youth in conflict, O 71-7
Group Work with Youth in Conflict. Paul Lerman. O 71-7

Hallowitz, David and Albert V. Cutter. *A Collaborative Diagnostic and Treatment Process with Parents.* Jy 90-6
Hard to Reach: Client or Casework Agency? Ruth Ellen Lindenberg. O 23-9
 Harm, Carl S. *Cultural Definition of Need.* O 107-8
 Harrington, Barbara and Sydney Koret. *An Objective Method for Prediction of Casework Movement.* O 45-51
 Hart, Walter C. *Use of a Clinical Psychologist in a Casework Agency.* Ja 42-9
 Hendry, Charles E., book review, Jy 120
"Hopeless" Family, The. Kermit T. Wiltse. O 12-22
 Hotkins, Albert S., et al. *An Interview Group Therapy Program for the Waiting-List Problem.* Ja 29-34
 Hyde, Virginia, book reviews, Ap 111, 125

Illing, Hans A. Letter, O 122
Intake As Core Learning for Psychiatric Social Work Students. Robert L. Dean. Ja 62-7
 Interdisciplinary approach. See Team method in settings
 International social welfare: community development, Ap 103-8, Jy 49-56; Hungarian refugees, Ap 103-5, and letter, O 121-2

Index

Interview Group Therapy Program for the Waiting-List Problem, An. Albert S. Hotkins, Michael Kriegsfeld, and Rosalind M. Sands. Ja 29-34
 Interviewing, group: problem families, O 12-22, 36; with parents, Ja 29-34
 Itzin, Neva L. *Right to Life, Subsistence, and the Social Services*. O 3-11

Jacob, Margaret I. *Co-operation Between Social Workers in Hospitals and Family Agencies*. O 78-85
 Jacobs, Tina Claire. *Casework with the Very Young Child in a Hospital*. Ap 76-82
 Johnson, Walter and Luther E. Woodward, *Mental Illness and Health—Research and Service* (book review), Jy 112-5

Kadushin, Alfred. *Prestige of Social Work—Facts and Factors*. Ap 37-43

Kahn, Marion. *Some Observations on the Role of Religion in Illness*. Jy 83-9

Kaiser, Clara A. *The Social Group Work Process*. Ap 67-75

Kaplan, Jeremiah. Letter, O 119

Katz, Alfred H., book review, Jy 117

Kelman, Howard R. *Social Work and Mental Retardation: Challenge or Failure?* Jy 37-42

Kidneigh, John C. and Horace W. Lundberg. *Are Social Work Students Different?* Jy 57-61

Kittrell, Elizabeth and James F. Cooper. *One Group for Both Parents: An Experiment*. Ap 24-9

Knee, Ruth I., book review, Ap 112-3

Kogan, Leonard, book reviews, Ap 120-1; Jy 119

Koret, Sydney. *The Social Worker in Private Practice*. Jy 11-7 (letters on, O 120-1)

— and Barbara Harrington. *An Objective Method for Prediction of Casework Movement*. O 45-51

Kriegsfeld, Michael, et al. *An Interview Group Therapy Program for the Waiting-List Problem*. Ja 29-34

Larson, Neota. *OASI and the Social Services*. Ja 12-7

Lazarus, Esther, book review, Ap 118-9

Leader, Arthur L. *The Problem of Resistance in Social Work*. Ap 19-23

Lerman, Paul. *Group Work with Youth in Conflict*. O 71-7

Levy, Charles S. *Is Social Group Work Practice Standing Still?* Ja 50-4 (letters on, Ap 127-8, Jy 126-7, O 122)

Lewis, Edward S., book review, Ap 124-5

Lewis, Verl S. *Nomenclature: An Aspect of Communication*. Jy 109-11

Lindenberg, Ruth Ellen. *Hard to Reach: Client or Casework Agency?* O 23-9

Lourie, Norman V., book review, O 112-3

Lundberg, Horace W. and John C. Kidneigh. *Are Social Work Students Different?* Jy 57-61

Lyndon, Benjamin H., book review, O 117

Maas, Henry S. *Use of Behavioral Sciences in Social Work Education*. Jy 62-9

Massing, Rose. *Neglected Children: A Challenge in the Community*. Ap 30-6

Medical social work: casework letter, Ja 55-61; casework with young children, Ap 76-82; co-operation with family agencies, O 78-85; neglected children, Ap 30-6; role of religion, Jy 83-9

Meeting the Needs of People: An Administrative Responsibility. Phyllis R. Osborn. Jy 70-5

Mental health, community: education for practice in, O 64-70; psychiatric social worker in, O 86-92; research and service, Jy 112-5

Mentally retarded. See Child, mentally retarded

Miller, Roger R. *An Experimental Study of the Observational Process in Casework*. Ap 96-102. (Letters on, Jy 127-8)

Monte, Mary D. and Rita Comarda. Letter, Jy 126-7

Morgan, Ralph W. "Completed Staff Work" in *Social Service Administration*. O 52-7

Mudgett, Margaret H., book review, Ja 90-1

Murphy, Marjorie, book review, O 118

National Association of Social Workers. Western New York Chapter. *Opinions on Supervision: A Chapter Study*. Ja 18-25

Nature of Social Work, The. Werner W. Boehm. Ap 10-8 (letter on, Jy 125-6); Point and View-point, O 107-8

Neglected Children: A Challenge to the Community. Rose Massing. Ap 30-6

Nomenclature: An Aspect of Communication. Verl S. Lewis. Jy 109-11

Noninstitutional Services for the Aged. Arthur Farber. O 58-63

OASI and the Social Services. Neota Larson. Ja 12-7

Occupational Choice—Some Implications for Recruitment of Social Workers. Philip Taietz, Bert Ellenbogen, and Charles E. Ramsey. Ap 44-8

Ohlin, Lloyd E. *Conformity in American Society Today*. Ap 58-66

Old age and survivors insurance, Ja 12-7, O 38-44

One Group for Both Parents: An Experiment. James F. Cooper and Elizabeth Kittrell. Ap 24-9
Opinions on Supervision: A Chapter Study. Western New York Chapter, NASW, Ja 18-25

Organizing the Community Here and Abroad. Emilie B. Putnam. Ap 105-8

Ormsby, Ralph, book review, O 115-6

Osborn, Phyllis R. *Meeting the Needs of People: An Administrative Responsibility*. Jy 70-5

- Pannor**, Reuben. Letter, Jy 128
- Pappenheim**, Yvonne B. Letter, Ap 127
- Parent-child relationships, Ja 29-34, 68-75, Jy 23-9, 90-6
- Parker**, Leah E., book review, Ap 121
- Pine**, Lora B., book review, Jy 117
- Plank**, Robert. *Refugees from Hungary: An Appeal for Leadership*. Ap 103-5. (Letter on, O 121-2)
- Poland**, Phyllis. Letter, O 120-1
- Polansky**, Norman. Letter, Jy 128
- Practice Theory in Community Organization*. Genevieve W. Carter. Ap 49-57
- Prestige of Social Work—Facts and Factors*. Alfred Kadushin. Ap 37-43
- Priorities for Public Welfare*. Eveline M. Burns. O 38-44
- Private Practice, The Social Worker in*. Sydney Koret. Jy 11-7
- Profession: certification and registration (letter) Ap 128; prestige of, Ap 37-43; researchers in, O 99-106; social responsibility of, O 3-11
- Psychiatric social work: collaboration with psychiatric residents, Ap 83-8; community mental health, O 86-92; diagnostic-treatment process with parents, Jy 90-6; services for children, Ja 29-34, Ap 24-9, Jy 23-9, O 45-51; teaching intake, Ja 62-7
- Psychiatric Social Worker in Community Mental Health*. Myron John Rockmore. O 86-92
- Public Social Policy and Social Work Practice*. Sanford Solender. Ja 3-11
- Public welfare: priorities for, O 38-44; problem families, O 12-22; social insurance, Ja 12-7
- Putnam**, Emilie B. *Organizing the Community Here and Abroad*. Ap 105-8
- Ramey**, John H., book review, Ja 89
- Ramsey**, Charles E., et al. *Occupational Choice—Some Implications for Recruitment of Social Workers*. Ap 44-8
- Rank**, Otto. Biography by Jessie Taft (book review by Maurice Connery). O 109-12
- Rawitscher**, Audrey. Letter, Jy 127-8
- Recording, Collecting Data by Case*. Eleanor Gay. Ja 76-80
- Recruitment of social workers, Ap 44-8, Jy 57-61
- Refugees from Hungary: An Appeal for Leadership*. Robert Plank. Ap 103-5. (Letter on, 121-2)
- Rehabilitation: community attitudes toward disabled, letter, Ja 95; group work, Jy 76-82; social work with homebound, Jy 43-8
- Religion: and social responsibility, O 5-8; barriers to communication, Ja 81-2; role in illness, Jy 83-9
- Research: application to practice, Jy 3-10; future of, 99-106; method of predicting casework movement, O 45-51; observational process in casework, Ap 96-102 (and letters, Jy 127-8); task-originated requirements in student casework practice, Jy 104-8; use of casework records, Ja 76-80
- Resistance in Social Work, Problem of*. Arthur L. Leader. Ap 19-23
- Rice**, Elizabeth P., book review, Ap 114-5
- Right to Life, Subsistence, and the Social Services*. Neva L. Itzin. O 3-11
- Rockmore**, Myron John. *A Psychiatric Social Worker in Community Mental Health*. O 86-92
- Role of Religion in Illness, Some Observations on*. Marion Kahn. Jy 83-9
- Rosenthal**, Leslie, book review, Ap 123
- Ross**, Bernard, book review, Jy 121
- Sands**, Rosalind M., et al. *An Interview Group Therapy Program for the Waiting-List Problem*. Ja 29-34
- School Administrator Looks at School Social Work, The*. Ray Graham. O 93-8
- School social work: and attendance problems, letter, Ja 95-6; casework with adolescents, Ap 89-95; casework with parents, Ja 68-75; collaboration with school personnel, Jy 97-103; viewpoint of school administrator, O 93-8
- Schour**, Esther. *Casework with Parents in the School Setting*. Ja 68-75
- Schreiber**, Paul, book review, Ap 122
- Schwartz**, Eugene P. Letter, Ap 128
- Schwartz**, Meyer, book review, Jy 121-2
- Science, "Art," and Uncertainty in Social Work*. Joseph W. Eaton. Jy 3-10
- Shugart**, George. *Anxiety in Siblings upon Separation*. Jy 30-6
- Shyne**, Ann W., book review, Jy 123-4
- Social Group Work Practice Standing Still?, Is*. Charles S. Levy. Ja 50-4
- Social Group Work Process*. Clara A. Kaiser. Ap 67-75
- Social policy and action, Ja 3-11; Guest Editor's page, O 2; priorities, O 38-44
- Social security: OASI and social services, Ja 12-7; priorities for public welfare, O 38-44
- Social work: application of science to practice, Jy 3-10; definition of, Ap 3-9, 10-8; goal of, Ap 13-6; nature of, Ap 10-8 (and letters, Jy 125-6, O 107-8); organizational integration, Ap 59-62; philosophy of, O 3-11; prestige of, Ap 37-43; terminology, Jy 109-11
- Social Work* (journal), Ja 2, O 108
- Social Work and Mental Retardation: Challenge or Failure?* Howard R. Kelman, Jy 37-42
- Social Work Practice, Toward Clarification and Improvement of*. Harriett M. Bartlett, Ap 3-9
- Social Work Research, Future of*. William E. Gordon. O 99-106

Index

Social workers: and private practice, Jy 11-7 (and letters on, O 120-1); characteristics, Jy 57-61; effect upon public policy, Ja 7-11; leadership, Ja 6-7; opportunities in community mental health, O 86-92; professional researchers, O 99-106; recruitment of, Ap 44-8, Jy 57-61; shortage of, Ap 44-5

Solender, Sanford. *Public Social Policy and Social Work Practice*. Ja 3-11

Some Task-Originated Requirements Found in Student Casework Practice. Harris K. Goldstein. Jy 104-8

Somers, Mary L., book review, Ja 89-90

Standards for professional practice, Ja 50-4

Status, Ap 37-43

Stiel, Margaret. Letter, O 121-2

Supervision: chapter study of, Ja 18-25; group method of, Jy 18-22

Sytz, Florence, book review, Jy 118-9. Letters on, O 119-20

Taietz, Philip, et al. *Occupational Choice—Some Implications for Recruitment of Social Workers*. Ap 44-8

Team method in settings: medical, Jy 76-82; psychiatric, Ap 83-8; school, O 93-8

Terminology, Ap 2, 5-9; Jy 109-11

Towley, Louis, book review, Ja 83-4

Use of the Knowledge of the Casework Process in Collaboration with School Personnel. Dollie R. Walker. Jy 97-103

Values of social work, Ap 6, 11-3

Waiting-list problem, Ja 29-34

Walker, Dollie R. *Use of the Knowledge of the Casework Process in Collaboration with School Personnel*. Jy 97-103

Wannemacher, Ethel S. and Robert J. Gaukler. *Collaborative Process with Psychiatric Residents*. Ap 83-8

Weiner, Hyman J. *Group Work and the Interdisciplinary Approach*. Jy 76-82

Weston, Helen E., book review, Ja 94

White, R. Clyde. *The New and the Old in Community Development*. Jy 49-56

Wien, Janet and Carter C. Williams. *The Casework Letter*. Ja 55-61

Williams, Carter C. and Janet Wien. *The Casework Letter*. Ja 55-61

Williams, Ruth M., book review, Ap 119

Wiltse, Kermit T. *The "Hopeless" Family*. O 12-22

Wittman, Milton. *Education for Community Mental Health Practice: Problems and Prospects*. O 64-70

Woodward, Luther E. and Walter Johnson. *Mental Illness and Health—Research and Service* (book review), Jy 112-5

Young, Arthur K. *Counseling with Emotionally Disturbed Adolescents*. Ja 35-41

Zimmerman, Isaiah M. Letter, Ja 95-6

BOOK REVIEWS

(including Briefly)

American Psychiatric Association. *Psychiatric Inpatient Treatment of Children*. L. E. Woodward and W. Johnson. Jy 113-4

Arndt, Hilda C. M., Mittie Gruber, Gladys Hall, Pauline Lide, and Gladys Ryland. *A Study of Field Instruction for International Students*. L. E. Parker. Ap 121

Bartlett, Harriett M. *50 Years of Social Work in the Medical Setting, Past Significance/Future Outlook*. N. R. Deardorff. Ja 85-6

Biestek, Felix P. *Casework Relationship*. H. Bisno. Ja 87

Blackey, Eileen A. *Group Leadership in Staff Training*. L. B. Pine. Jy 117

Bloch, Donald A. and M. L. Behrens. *A Study of Children Referred for Residential Treatment in New York State*. I. Greenberg. O 114

Chisholm, Brock. *Prescription for Survival*. A. Cannon. Jy 116

Cohen, Wilbur J. *Retirement Policies Under Social Security*. V. Hyde. Ap 125

Commission on Chronic Illness. *Chronic Illness in a Large City: Chronic Illness in the United States—Volume IV*. E. P. Rice. Ap. 114-5

—. *Prevention of Chronic Illness*. R. M. Ap 115

Community Council of Greater New York. *How to Measure Ability to Pay for Social and Health Services*. E. Lazarus. Ap 118-9

Corsini, Raymond J. *Methods of Group Psychotherapy*. L. Rosenthal. Ap 123

Coyle, Grace L. *Social Science in the Professional Education of Social Workers*. E. Greenwood. Jy 123

Cumming, Elaine and John Cumming. *Closed Ranks—An Experiment in Mental Health Education*. R. I. Knee. Ap 112-3

Dixon, William G., ed. *Social Welfare and the Preservation of Human Values*. M. Murphy. O 118

Dunham, Arthur. *Community Welfare Organization*. S. Dillick. O 115

Frazier, E. Franklin. *Black Bourgeoisie and Race and Cultural Contacts in the Modern World*. L. Towley. Ja 83-4

- Frings, John, Ruth Kratovil, and Bernice Polemis. *An Assessment of Social Case Recordings: An Experimental Study in Two Family Agencies*. R. Ormsby. O 115-6.
- Frings, John and B. Polemis. *Research Project in Recording: Supplement to An Assessment of Social Case Recording*. R. Ormsby. O 115-6
- Geismar, L. L. and B. Ayres. *Families in Trouble*. N. V. Lourie. O 112-3
- Gittler, Joseph B., ed. *Review of Sociology*. L. Kogan. Jy 119
- Greenblatt, Milton, Daniel J. Levinson, and Richard H. Williams, eds. *The Patient and the Mental Hospital*. L. E. Woodward and W. Johnson. Jy 112-3
- Group for the Advancement of Psychiatry. *Psychiatric Aspects of School Desegregation*. E. S. Lewis. Ap 124-5
- Hollingshead, August B. and F. C. Redlich. *Social Class and Mental Illness*. S. Bloom. O 113-4
- Keith-Lucas, Alan. *Decisions About People in Need*. C. M. Dunn. Ja 92-3
- . *Some Casework Concepts for the Public Welfare Worker*. V. Hyde. Ap 111
- Likert, Rensis and S. P. Hayes, Jr., eds. *Some Applications of Behavioral Research*. L. S. Kogan. Ap 120-1
- Loring, William C., Jr., Frank L. Sweetser, and Charles F. Ernst. *Community Organization for Citizen Participation in Urban Renewal*. M. Schwartz. Jy 121-2
- Merton, Robert K., George Reader, and Patricia L. Kendall. *The Student Physician*. R. M. Ap 121
- Millard, Cecil V. and J. W. M. Rothney. *The Elementary School Child—A Book of Cases*. H. E. Weston. Ja 94
- National Association of Social Workers. *Proceedings of the Conference on Research in the Children's Field*. L. E. Woodward and W. Johnson. Jy 114
- National Conference on Social Welfare. *Selected Papers: Casework Papers 1957; Group Work Papers 1957; Planning Social Services for Urban Needs 1957*. R. M. Ap 109-10
- NYC Community Mental Health Board. *Mental Health Resources in New York City*. L. E. Woodward and W. Johnson. Jy 115
- Ojemann, Ralph H., ed. *Four Basic Aspects of Preventive Psychiatry*. L. E. Woodward and W. Johnson. Jy 113
- Phillips, Helen U. *Essentials of Social Group Work Skill*. J. H. Ramey. Ja 89
- Remmers, H. H. and D. H. Radler. *The American Teenager*. M. H. Mudgett. Ja 90-1
- Rittwagen, Marjorie. *Sins of Their Fathers*. B. H. Lyndon. O 117
- Rose, Albert. *Regent Park: A Study in Slum Clearance*. M. Schwartz. Jy 121-2
- Ross, Murray G. *Case Histories in Community Organization*. B. Ross. Jy 121
- Saenger, Gerhart. *The Adjustment of Severely Retarded Adults in the Community*. L. E. Woodward and W. Johnson. Jy 114-5
- Seeley, John R., B. H. Junker, R. W. Jones, Jr., and Associates. *Community Chest—A Case Study in Philanthropy*. C. E. Hendry. Jy 120
- Sills, David L. *The Volunteers*. M. Berry. Jy 116-7
- Social Work Research at the University of British Columbia, 1947-1956*. P. Schreiber. Ap 122
- Stein, Herman D. and R. A. Cloward, eds. *Social Perspectives on Behavior*. F. Sytz. Jy 118-9 (Letters on, O 119-20)
- Taft, Jessie. *Otto Rank*. M. Connery. O 109-12
- United Nations. Secretariat. *Report on the World Social Situation*. R. M. Williams. Ap 119
- U. S. Department of Health, Education, and Welfare. *The Planning of Rehabilitation Centers*. A. H. Katz. Jy 117
- Use of Group Methods in Social Welfare Settings*. M. L. Somers. Ja 89-90
- von Mering, Otto and S. H. King. *Remotivating the Mental Patient*. J. L. Goetz. Ap 116-7
- Winch, Robert F. *Mate Selection: A Study of Complementary Needs*. A. W. Shyne. Jy 123-4
- Zander, Alvin, Arthur S. Cohen, and Ezra Stotland. *Role Relations in the Mental Health Professions*. M. A. Glasser. Ja 84

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